BALTIMORE, MARYLAND 21215-0020

at notified pe must examiner medicai the the attending physician and completely fit Mental Hygiene prior to burial, cremation traumatic other any injury, signed by the shows a certificate has been the State Dept. c this co is marked, After 1 death L DIRECTOR: A hours after of litem 28 is FUNERAL within 72 h IMPORTANT: II

THE

Robert T. Peterson, M.D.

JUL 1 2 1993

32. REGISTRAR'S SIGNATURE

Julie Dandson Jandete

31. DATE FILED (Month, Day, Year)

223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 09 1993 Russell Owens July 7:00P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign NOV 27 1928 1 XM 2 - F HOURS YRS Maryland 216-22-2654 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Anne Arundel Annapolis 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO Anne Arundel MD Annapolis 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 207 Garden Gate Lane United States 21403 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 W YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, 1 Never Merried 2 XX Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Heavy Equipment Operator Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Fielder E. Owens Lillian Purcell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Owens 1108 Hoover Street Annapolis, Maryland 21403 20e. METHOD OF DISPOSITION

1 V Juriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Hillcrest Cemetery 07-12-93 Annapolis, Maryland 21. SIGNAPURE OF FRINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 141 Duke of Gloucester St. Annapolis. MD 23 PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition resulting in death) Chronic Pulmonory Piseus Obstructive DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 XIXHO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: itient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D24804 July 12, 1993 9

600 Ridgley Avenue #121 Annapolis, Maryland 21401

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of the programmed by the mospital of attending physician.	tor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		rust be notified at once.
the second of the control of the con	ertificate has been signed by the attending physician and completely filled in by the funeral director, page	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ANN LOUISE					2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH	
	11111	LINGER				7 12	1993	3 3:40 PM	
	4. SOCIAL SECURITY NUMBER 219-14-5243	5. SEX 6. AG	E (In yrs. lest birthdey) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-13-19		HRTHPLACE (State or Foreign ountry)	
	9a. FACILITY NAME (If not institution, give :	street and number)	70	Sh CITY TOWN	OR LOCATION OF D			<u>1D</u>	
Œ	MEMORIAL HOSPITAL			OVID COURSE A LANGE					
DIRECTOR	RESIDENCE OF DECEDENT			COMBI	EKLAND		ALLEGA	ANY	
Ä.	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
ā		.legany		Cumberla	nd			1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE			OF WHAT COUNTRY?	
5	150 Humbird St	reet			21502		USA	1	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian, Black, Whita, atc.	
BY	1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE WAR OR			S 2 XNO Specif	in, Puerto Rican, etc.) y:		Specify:	
	15. DECEDENT'S EDU	I .	1					white	
	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v	VORK done during me to retired.)	ON ost of working	16b. KIND OF BUS	BINESS/INDUSTR	RY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) NOTINEMAKEY 16. KIND OF BUSINESS/INDUSTRY OWN home 17. FATHER'S NAME (First, Middle, Last)									
NO	17. FATHER'S NAME (First, Middle, Last)				10 MOTHER:C NA	ME (First, Middle, Maiden			
Ö	Robert P. Ti	nompson				tie L. McD	/	1	
BE	19a. INFORMANT'S NAME (Type/Print)	iompoorr	19b. MAILING	ADDRESS (Street		Route Number, City or Town		A)	
2	Mr. Frank C. O	linger				umberland,			
	20a. METHOD OF DISPOSITION	2	Ob. PLACE AND DATE (OF DISPOSITION (A	ame of		CATION — City of		
	1 XBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata c	Sunset M	mer place)	Park			and, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	//		ND ADDRESS OF FA				
	· Jann -	+ aran	DILL	Sca	rpelli F	uneral Hom	е		
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do n	ot enter the m	ode of dylan euc	MD 21502	ratory arrest	1 Approvings	
ļ	psnock, or neart failure.	List only one cause on	each ilne.			The cardiac of respi	iatory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	(MA	wallon	11. 1 h	mass			Onset and Death	
ł	resulting in death)	a. OUE TO (OR AS	A CONSEQUENCE O	ru V	11160				
z		. Cancin	malle	mis				į	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUA TO OR AS	CONSEQUENCE OF	7: /		0.12			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	CH3/6	mus c	NAM	mul	Mous			
H	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	4. 4	1				
H	L'	d							
ايد	PART II. Other algolficant condition	contributing to death	but not resulting I	n the underlyin	g cause given in	Part i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS	
5	47 CV)				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 TYES 2	Notes	OF DEATH?	
¥ ::								1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Depotient 2 ER/O	stpatient 3 DOA	OTHER:	na 5 🗆 Rasidence				
美	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year		E OF 28c. IN	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURE	D	
BYF	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	, INJ		YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, s	treet, factory, offi	00	28f. LOCATION (Street a	ind Number or Ru	iral Route Number,	
	4 Homicide determined	building, etc. (o)	outy)			City or Town, State)		:	
COMPLETED	29a. CERTIFIER Check only	CIAN: To the best of my kno	owledge, death occurre	d at the time, dat	and place, and due	to the cause(s) and man	ner as stated		
8								se(a) and manner as stated.	
	296. SIGNATURE AND THE TY CHIPTINE	M24 1			29c. LICENSE NUR		29d. DATE SIG		
8	1/100	mm 1	W		D 16041		DATE SIG	1467	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)				///3	
	TERRY WILLIAMS M.				AT. BIDG	CHMREDI AN	m m	21502	
	31. DATE FILED Month, Day 1993	PERISTAN SIG	NATIONALIA	n mento	LL DLIDG.,	CUMDEKLAN	D, MD	21502	
	JOL 14 (33)	17	7						

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OX 13	te he exec
.O. B	th cartifica
IDS, F	at the deat
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OD ATTENDING DEVOLUTE The law requires that the death certificate he executed within
ITAL F	N. The law
OF V	PHYSICIA
ISION	ATTENDING
ā	80

the state of the s	night of the running and the strength of the attention of the attention of the strength of the funeral director, page 5 should be detached	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the hos	DIVISION OF VIOLE MECONDS, T.S. DOX 10149,
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	FOR	STATE OF MARYLAND /	DEPAF	RTMENT OF H	EALTH AN	ID MENTA	L HYGIENE		22003
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CE		ICATE OF	DEATH		REG. NO.		3. TIME OF DEATH
	111-34-4350	SEX 6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HI HOURS MI		OF BIRTH Day, Year)	0. 9	SIRTHPLACE (State or Foreign Country) II CHI GAN
TOR	98. FACILITY NAME (If not institution, give street 1711 FLINT H RESIDENCE OF DECEDENT	and number)		SILVE	PE SP			9c. COUNTY	OF DEATH
DIRECTOR		GOMERY	100 00 000	TY, TOWN OR LOCATED IN TOWN OR L	PRING				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1711 FLINT HILL	ROAD		10	zip code	20906		USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Utvorced	WAS DECEDENT EYER IN U.B. ARI FORCES? 1 AYES 2 N IF YES, GIVE WAR OR DATES WWII	MED	If yes, sp	ENDENT OF HI ecity Cuben, Ma 2 NO S	axican, Puarto	N? (Specify Yea o Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	ON 16s. DE: (G/ life. ollege (1-4 or 6 +)	ive kind of Do NOT u	S USUAL OCCUPATION WORK done during more retired.) CAL ENGIN	st of working	168	U.S.G.	INESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) DIMITRIOS	PANOS				The same of the sa	Middle, Malden S	Surname) KIRIT	SIS
TO E	PANAGIOTA PANOS 20a. METHOD OF DISPOSITION	5 1	1711	FLINT H	ILL ROA	AD, SII	VER SP	RING,	MD 20906
	Surial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State other place GATE	ace)	HEAVEN (CEMETER	RY OF FACILITY	SIL	VER SI	PRING, MD DME, INC. SP., MD 2090
	23. PART IL Enter the diseases, or come shock, or heart failure. Call iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEC	OF	not enter the mo	ode of dying,	such as cer			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE							
PHYSICIAN: MEDICAL O	PART II. Other significant conditions of the Control of the Contro	ontributing to death but not refer Rena	resulting	in the underlyin DUBASS FXILL	g cause give	en in Part i.	24a, WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL:	DOA	26. F OTHER: 4 \(Nursing Hos	LACE OF DEAT			_	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 N	0	SCRIBE HOW IN		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)				City	or Town, State)		Rural Route Number,
COMPLETED	const only	N: To the best of my knowledge, de							euse(e) and manner as stated.
TO BE	296. SIGNATURE AND ATTLE OF CERTIFIER	Bly has) M 27) (Mr	na Printi	29 LICENS	LAPS		29d. DATE S	IGNED (Monty, Day, Year)

FRENT (TEM 27) (Type, Print)
8830 AMERICA ST

Pulia Davidson-Randelle

31. DATE FILED (Month, Day, Year)

JUL 0 7 1993

SILVER SARING

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE O	F DEATH	RE	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3, TIME OF DEATH
1 3	KATHLEEN	I P. PTF	TE				07/14	193 DAY	YEAR	10:03 a.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		T a pier	THPLACE (State or Foreign
	578-96-7549	1 🗆 M 2 💢 🏋	73	YRS.	MONTHS DAYS		04/21	720	Cour	gland
- 1	9a. FACILITY NAME (# not institution, give s				9b. CITY, TOW	OR LOCATION OF	DEATH	90	COUNTY OF	DEATH
8	Montgomery Ge	eneral H	ospita	ıl	Oln	еу			Mont	•
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY LIMITS?
		omery		Sil	ver Spr	ing				1 TES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	14203 Grand Pre R	oad, #20	3			20906			England	Ē
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. WAS D	ECENDENT OF HISPA	ANIC ORIGIN? (Sp		-	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 K	NO	If yee,	specify Cuban, Mexic ES 2 NO Spec	en, Puerto Rican,	etc.)	Bla	ck, White, etc.
BY	3 Widowed 4 Divorced		201000						Spe	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, D6	CEDENT'S	USUAL OCCUPA	TION	16b. KINE	OF BUSINE	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	1/60	Do NOT u	work done during se retired.)	most of working				
4	12	- ,	I	Bookk	eeper		Hom	e Impi	rovemer	nt
ō	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Middle,	Maiden Sum	ame)	
	William Lloyd						O'Mahan		,	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stree	t and Number or Rural		_	ate Zin Code)	20906
5	James M. Pirie					Pre Road				
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem					Name 9 / 15 / 9				
	1 Buriel 2 Cremation 3 Rem 4 Dongtion 5 Other (Specify)	oval from State	cemetery, cre	metory or o	ther place)	torium,	Inc.			Maryland
	21. SIGNATURE OF PUNETIAL SERVICE LIE	23943	1.0.0	Jonies						
	22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funera. Home/Rockville, Inc. 300 West Montgomery									
_	pull	· Lerry		10080	3 Avenu	e, Rockv	ille. M	arvla	nd 208	
	23. PART i. Enter the diseases, preshock, pr heert fellure.	Dmplicetions tha	caused the da	ath. Do r	not anter tha n	node of dying, su	ch as cerdlec d	or respireto	ry erreat,	Approximate
	IMMEDIATE CAUSE (Finel	Cler biny bile cad	ee on each line	3.						interval Between Onset and Death
	disease Dr condition resulting in death)		BRONG	MIE	CTAS	I S				10 YR.
	Tooling in county	DUE TO	OR AS A CONSE	QUENCE O	F):					
z		b								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с								
쁘	that initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):					
EH	resulting in death) LAST	d								
	PART II. Other significant condition	s contributing to	death but not a	regulting	in the underly	las seuse shop to	. Don't late			
DICAL	SCLERODER		accin par ripr	Counting	in the onderly	ing cause given ii	1 Pert 1. 248.	WAS AN AUTO PERFORMED		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
							t 🗆	YES XX	NO	COMPLETION OF CAUSE OF DEATH?
ME										1 TES 2 MO
z										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			26. OTHER:	PLACE OF DEATH (C	heck only one)			
YSI	1 YES 2 NO	1 Inpatient 2	ER/Outpetient 3	□ DOA		ome 5 - Rasidence	8 Other (Spe	cify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY ly, Year)	28b. TIM		NJURY AT YORK?	28d. DESCRIBE	E HOW INJUR	RY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation			- 00-		YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE Of building,	INJURY - At he	me, farm, s	street, factory, of	lice	281. LOCATION City or Tow	(Street and A	lumber or Rural	Route Number,
	4 Homicide determined	110000					Only or now	n, otato)		
7	29a. CERTIFIER Check only	CIAN: To the bast of	my knowledge, de	ath occurr	ed at the time, da	te and place, and du	s to the cause(s)	and menner	as stated	
	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or	Investigatio	n, in my opinion,	death occured at the	e time, date and s	place, and du	s to the causel	a) and manner as stated.
N						_				
COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIE	1				29c. LICENSE NU		290		D (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1				04363	. 0	, -	7.14	- 9 3
ш	3,-h my-		F OF DEATH ATE	M 27) /=-	Orint)	02363	0		7-14	- 9 3
BE	30. NAME AND ADDRESS OF PERSON WH		E OF DEATH (ITE	M 27) (Type,	Print)			erch		
BE	30. NAME AND ADDRESS OF PERSON WH Frank Mayo		16220	Fred	Print)	RO #213		ersbu		

LOW ATTENDING PROBLEMS: The law requires that the death certificate be executed within 5- flours after death. Page 6 may be retained by the hospital or attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the state Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. QIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

, BALTIMORE, MARYLAND 21215-0020	NSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	nation, or removal.	t, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	EMEDITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	AL DIRECTOR: After thi	Amen't 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WINN'T if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

31. DATE FILED (Month, Day, Year)

Julia Dandson Himsala 32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / D Cef	EPART	MENT OF	HEALTH AND	MENTAI	HYGIEN	E	3	22005
	DECEDENT'S NAME (First, Middle, Lest) MICHAEL	· · · · ·			KES		2. DATE	OF DEATH		SEAR 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi		IF UNDER 1 YEAR						M
		1 🔀 M 2 🗆 F	SS S		HONTHS DAYS	HOURS MIN.		OF BIRTH	57 6	Country)	CE (State or Foreign
_	9a. FACILITY NAME (If not institution, give a	0			9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY		
TOF	NORTH ARUNDEL HOS	SPITAL AS	SSOCIATION	N	GLEN	BURNIE			Α.	A. C	OUNTY
DIRECTOR	10e. STATE 10b. COUNTY	A.A.		loc. CITY,	PAS	ATION A DENI	1				I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	7			_	DI. ZIP CODE	7		100 CITIZEI	_	YES 2 NO
FUNERAL	1250 Castin	re CT				211	22		(JS	A
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARME	D	13. WAS DE	CENDENT OF HISF pecify Cuban, Mex	PANIC ORIGIN	? (Specify Yes	or No- 14	RACE -	American Indian,
D BY	3 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 YE	S 2 NO Spe		ment, etc.,		Specify:	hite
ш	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give i	kind of wo	SUAL OCCUPAT		16b.	KIND OF BUS	SINESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	" N	S A	A		1 1	De Fe	nse	Do	of
Ö	17. FATHER'S NAME (First, Middle, Last)	0	17			18. MOTHER'S					700.
BE	Charles	Pa	Kes			AV	nne	\wedge	nart	hn	
2	190, INFORMANT'S NAME (Type/Print)	Kes	19b. M		A	and Number or Run		er, City or Town	n, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITION	-	20b. PLACE AND	an		- 11	0				_
	1 Burtal 2 A Cremetion 3 Remet 4 Donation 5 Other (Specify)	ovel from State	cemetary, cremat	ory prothe		7-9	0ATE	200.000	CATION - CITY	or lown,	In A
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHREE	Λ		1	AND ADDRESS OF	FACILITY	100			1110
	Kent	San	/_		BAK	RANCO			Par	K.h	021146
	23. PART i. Entar the diseases, or c shock, or heart failure.	omplications that List only one cau	t caused the death	. Do no	t entar the m	ode of dying, su	ich as card	iac or raapii	ratory arrest	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	۷. ۱	, 1	~	C 11					Onset and Daath
	resulting in death)	DUE TO	OR AS A CONSEQUE	NCE OF	1 10	forcti	a				
z		o								į	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSEQUE	NCE OF):							
FIC.	CAUSE (Disease or injury thet initiated events	DUE TO	(OR AS A CONSEQUE	NCE OF):							
ERT	resulting in death) LAST	1								İ	
L CI	PART II. Other significant condition	a contributing to	deeth but not resu	uiting in	the underiving	a ceuse given i	in Part i	24a WAS AN	VPROTILA	245 WEI	RE AUTOPSY FINDINGS
MEDICA						,		PERFORI	MED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE
MEC								1 1123 2			DEATH? YES: 2 NO
Ä	7										
SICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	LACE OF DEATH (
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF	INJURY 26	Bb. TIME		ne 5 Residence			IJURY OCCUR	EO.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ny, Yoar)	INJUF	RY W	ORK? YES 2 NO	200.020	onioe non a	100111 000011	LO	
<u>a</u>	3 Suicide 6 Could not be datermined	28e. PLACE Of building,	F INJURY - At home, atc. (Specify)	łarm, str	eet, factory, offi	Ca	28I, LOCA City o	TION (Street as Town, State)	nd Number or i	Rural Route	Number,
PLE	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, death	оссипед	at the time, dat	end place, and di	ue to the cour	se(e) and man	ner es stated		
COMPLET	one) 2 MEDICAL EXAMINE									nuse(e) end	manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER		0 1	0		29c. LICENSE N			29d. OATE SI		
0	30. NAME AND ADDRESS OF DEDOCAL WALL	COMBI EXEL CITY	the 1º	W		03410	7	ř.	► 83 T	115	33
	DR.MICHAEL A.SYL	VA/1600	CRAIN HIG	HWÂY	SW./G	LEN BURN	NIE, M	D. 210	061		

trending physician. e as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 212
SPITE OR ATTENDING PHYSICIAN: The law requires	that the death certificate be executed with	THE POSTITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at
to the attention of DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the steep the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	led by the attending physician and comple th and Mental Hygiene prior to burial, cre	The Complete of the control of the state of the description of the description of the complete

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALT		HYGIENE REG. NO.	50	22006
1	1. DECEDENT'S NAME (First, Middle, Last)	AN W.	P	UKE	2. DATE MONTH	OF DEATH	1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 230-16-6237	1 M 2 🗆 F	E (In yrs. lest birthday) 69 YRS.	MONTHS DAYS HOURS	Min. 4 (Month	Dev. Year) 12 1924	Countr	RGINIA
	9a. FACILITY NAME (If not institution, give sin CARROLL COUNTY RESIDENCE OF DECEMENT		SPITAL	WESTMIN			CARR(
		ROLL	10e. CITY	LINWOOD				10d, INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER	DIDAE DO	AD	10f. ZIP CC		10g. (HAT COUNTRY?
	419 CLEAR 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	RIDGE RC 12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR	R IN U.S. ARMED		OF HISPANIC ORIGIN ban, Mexican, Puerto F		US - 14. RACE Black Species	— American Indian, t, White, etc.
	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCUPATION	16b.	KIND OF BUSINESS	INDUSTRY	MITTIT
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during most of wor retired.)	king			
	17. FATHER'S NAME (First, Middle, Last)	שווי דווים זיי	n m m		THER'S NAME (First, A		·	TV
	GEORGE WASHING 190. INFORMANT'S NAME (Type/Print)	TON PUCKE		ADDRESS (Street and Numi	CATHERIN		TANLE Zio Code)	ΔI
	MRS. DORA E. F	UCKETT	410	CLEAR RID		LINWOO		21764
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo	val from State	Ob. PLACE AND DATE O	F DISPOSITION (Name of	DATE			
	4 Donation 5 Other (Specify)		UNIONTOW	LUTHERA		/17 UN	IONTO	DWN, MD
				PRITTS	FUNERAL		CHAI	PEL
1	ROBERT K. 23. PART I. Enter the diseases, or co	PRITTS. S	SR a		SHINGTON			NSTER.
	shock, or heart foliure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on $\mathbb{R} \mathcal{E} $	A CONSEQUENCE OF	ORY	ARRE		arrout,	Onset and Do
1			VERE	ASTHMA			L	miny
	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	na C)		-	400
I	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF	117 9				1
	resulting in death) LAST	Coal		n's phe		niosi	5	> .
	PART II. Other algnificant conditions	contributing to death	but not resulting in	n the undarlying cause	given in Part i.	24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	SY 24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
								1 NES 2 NO
Ì	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OEATH (Check only on	9)		
	1 TYES 2 THO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/O	-		Residence 8 19 Other			
1	1 Natural 5 Pending	(Month, Day, Year		JRY WORK?	□ NO 28d. DEŞ	CRIBE HOW INJURY	OCCUREO	
,	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, atc. (S)	RY — At home, farm, specify)		281. LOC/	ATION (Street and Nurr or Town, State)	ber or Rural R	loute Number,
	29a. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of my kno	owledge, dasth occurre	d at the time, data and pla	ce, and due to the cau	se(a) and manner as	stated	-
ı	one) 2 MEDICAL EXAMINER) end manner as stated
	296, SIGNATURE AND TITLE OF CERTIFIER	ia (w	29c. L.	CENSE NUMBER	29d. I	7 / 3	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print) 3H 1N670	NHB	Weer	ומומן	STERNY
11	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE					7
	JUL 16'93	11	Kill .					21150

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CICIN. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	24	€ :	1 o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSTINE DIFFERENCIAL ENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE TOTAL MATERIAL After this certificate has been signed by the attending physician and completely fills	IMPORTANCE For 28 is marked, or item 23 shows any injury, or other traumatic event, the
ECORD	quires that the	n signed by the	lows any inju
VITAL R	AN: The law re	tificate has bee	or item 23 st
TON OF	NDING PHYSIC	N. After this cer	is marked, c
DIVIS	OSPITATE THE PARTY	GEORGE STATE	AVETT year 28
	地世	TO THE	IMPORT

93 22007 1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	TOATE	DE DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest)	CLARENCE	RINE	PARTNE		2. DATE OF DEATH MONTH DULY	, 1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 455-22-5412	1 M 2 - F	E (In yrs. lest birthday, 91. YRS.	MONTHS DA	YS HOURS MIN.		1902 MISSOURI		
œ	9n. FACILITY NAME (If not institution, give s			9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH		
DIRECTOR	HOLY CROSS HO	SPITAL		S	LVER SPR	ING	MONTGOMERY		
E I	10e. STATE 10b. COUNT	7	10c. CI	TY, TOWN OR L	CATION			10d. INSIDE CITY	
	MD . MOI	VIGOMERY		SILV	ER SPRING	ž		LIMITS?	
FUNERAL	2015 EAST WEST HYWY.				10f. ZIP CODE 2091.0		,	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	s or No- 14. R	IACE - American Indian, Black, White, etc.	
B	3 Mildowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO Spec			WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT	Work done during	ATION most of working	16b. KINO OF BU	SINESS/INDUSTR	Y	
ZE	Elementary/Secondary (0-12)	College (1-4 or 5+)							
N N	17. FATHER'S NAME (First, Middle, Last)	2	RET	- LAB I	ECHNICIAN		HOSPITA	L	
	CLARENCE	PARTNEY			18. MOTNER'S A	IAME (First, Middle, Maiden ELIZABET	,	KNOWN	
BE	19a. INFORMANT'S NAME (Type/Print)	*********	19b. MAILIN	3 ADDRESS (Str		A Route Number, City or Tow			
2		TMAN	4906	41st	ST. N.W.	, WASHINGT			
	20e. METHOD OF DISPOSITION 1	oval from State	OF PHASE CREST	CENETERY CREM	TORY 9/2	2/95°ATE 20c. LO	CATION — CITY OF AKE WORTH	FLORIDA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	a solorede	12		E ANO ADDRESS OF I			20910	
\dashv	22 DADT i February discussion	meen	M0009		• CHAMBER	RS CO. INC.	, SILVE	R SPRING, MD.	
	23. PART i. Entar the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e.	each line.	SEPTI	CEMIA	ch es cardiac or resp	iratory arrest,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
0	PART ii. Other significant condition	s contributing to deeth	but not resulting	in the under	uina causa alvan li	n Pert I. 24a. WAS AN	autoney I.		
MEDICAL	ASPIRATIO	weren.	frece		ying cease given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT 1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL	4 21	X m	Len					
S	EXAMINER?	nospital 9		OTHER:	PLACE-OF DEATH (C	The state of the s			
BY PHYSICIAN: M	27. MANNER OF DEATH	DATE OF INJURY			fome 5 Testidence INJURY AT WORK?	6 C Other (Specify) 284. DESCRIBE HOW I	NJURY OCCURED		
B	12 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could out be	28s. PLACE OF HUUS		M 1	YES 2 NO	THE LOCATION (Street	and Marchael and Marchael		
EE.	4 Homicide 6 Could not be determined	building, etc. (Sp	ecity)	anaes, iacaary, s		291. LOCATION (Street a City or Jown, State)	ryd Mumber or Hun	W Moulte Mulmber	
COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno CIAN: On the best of examinat	wiedge, death occur ion end/or investigati	ed at the time, o	lata end plece, end du	e to the cause(s) end mar e time, date and place, en	nner as stated. d due to the ceus	ne(s) end manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER LU	la			29c, LICENSE JH	IMBER TH	294. PATE 510m	ED (Month, Day, Year)	
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF C	PEATH (ITEM 27) (Type	Print)	2	309 54	DREF	2020	
	31. DATE FILED (Month, Day, Year) JUL 1 2 1993	Julia Davidson	nature nature			115777			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTA	L HYGIEN	E ,	,	2200	, 0
	1. DECEDENT'S NAME (First, Middle, Lest) Ruth	Heinbocke		ULSON		2. DATE	OF DEATH		FAR	7:35	
	4. SOCIAL SECURITY NUMBER 065-26-2871	1 - M 2X F 6	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH		BIRTHP	LACE (State or F	
TOR		Frederick Memorial Hospital				EATH		9c. COUNTY Fre		ick	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, 1			y, town or locat Walkersy					- 1	IOd. INSIDE CIT	
FUNERAL	100. STREET AND NUMBER 9503 Glade Avenue			101	21793					AT COUNTRY?	
B∀	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	if yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 X NO Specifi	en, Puerto	f? (Specify Yes Rican, etc.)		RACE -	- American Ind White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+) 2	16a. DECEDENT'S (Give kind of water the Do NOT use) Homema		ON est of working	16b	KIND OF BUS	INESS/INDUS	TRY		
	17. FATHER'S NAME (First, Middle, Last) Carl	HEINBOC	KEI.		18. MOTHER'S NA		Middle, Maiden S		AGED	ODM	
TO BE	19a. INFORMANT'S NAME (Type/Print) Walter A. Paulson		19b. MAILING		and Number or Rural	Route Num		, State, Zip Co	de)	-	
	20a. METHOD OF DISPOSITION 1. Burlet 2 Cremation 3 Remo	206	PLACE AND DATE O	OF DISPOSITION (Na		DAT	E 20c. LOC	ATION — City	or Town	n, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Re Re	esthaven	22. NAME AN Keeney	ADDRESS OF FA	ord P	A Fune	ral Ho	me	Marylar	
	23. PART I. Enter the discuses, or o	complications that ceused	d the deeth. Do n	106 Ea	st Churc	h as cen	., Fre	derick	, M	D 2179	
	IMMEDIATE CAUSE (Final	e	ech line.						,	Interval B Onset an	Between
Z	C	DUE TO (OR AS A	CONSEQUENCE OF	7):							
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	7:							
CERTIFICATION	that initialed events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):							
AL	PART II. Other significent conditions	s contributing to deeth b	ut not resulting in	n the underlying	ceuse given in	Part I.	24s. WAS AN A PERFORE	MED?	A C	/ERE AUTOPSY F WAILABLE PRIOR OMPLETION OF (OF DEATH?	TO
PHYSICIAN: MEDIC									1	YES 2	но
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (Ch						
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. INJ			CRIBE HOW IN	JURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	— At home, farm, si			28f. LOC City	ATION (Street ar or Town, State)	nd Number or F	Rural Flou	ite Number,		
COMPLET		CIAN: To the best of my knowl R: On the basis of examination							use(a) a	nd manner as s	stated.
8	29h. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI			29d. DATE SI	GNED (M	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO			Print)	·····		-, e6	4	201	7 43	
	31. DATE FILED (MOOT), Day, 1687) 1993	32. REGISTRAR'S SIGNA	ATURE - Andell	70		Par p	466	anc/	71	70/	

UNHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

THE HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPAR	RTMENT	OF HEA	LTH AND	MENTAL HYGIEN	JE 9	3	22009
	REGISTRAR		CERTIF				REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) CONNIE V	CONNIE VELMA	GALLOW	AY QI	JEEN		2. DATE OF DEATH	58/	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 2 2 - 52-3749	5. SEX 8. AGE (In	M 2 XF 47 YRS. MONTHS DAYS HOURS MIN. (MORIT, Day) 198 45-							
NO.	99. FACILITY NAME (If not institution, give street and number) HARBOUR HOSPITAL CENTER BALTIMORE 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE BALTIMORE									· ·
뒪	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY								~~~~	
DIRECTOR		RUNDEL			R LOCATION BURNT					10d. INSIDE CITY LIMITS?
اد	10e. STREET AND NUMBER	. complain		GLEEN		CODE		100 CITIZ	EN OF W	1 YES 2 No
FUNERAL	7946 FREETOWN ROA	.D				21060)	log. Citiz	EN OF W	U.S.A.
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN (FORCES? 1 YES) IF YES, GIVE WAR OR DAT		1 11	yes, specify	ENT OF HISPA Cuban, Mexico NO. Specifi	NIC ORIGIN? (Specify Yeen, Puerto Rican, atc.)	e or No—	ABpeck	- American Indian, White, etc. AMERICAN
	15. DECEDENT'S EDUCA (Specify only highest grade or	(TION	16e. DECEDENT'S	USUAL OC	CUPATION		16b. KIND OF BU	SINESS/INDL		: NO
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT us		EMLY.	LINE		***		
BE CO	17. FATHER'S NAME (First, Middle, Last) EUGENE GALLOWAY		.00		16.	MOTHER'S NA	AME (First, Middle, Maiden ICE EVENLY	Surremokn	ER	
10 8	190. INFORMANT'S NAME (Type/Print) HERBERT M. QUEEN	SR.	196. MAILING SAME	ADDRESS AS 1	(Street and N	lumber or Rural	Route Number, City or Tow	n, State, Zip	Code)	
	754 METHOD OF DISPOSITION 1 A Burlet 2 □ Cremetion 3 □ Remov 4 □ Donation 5 □ Other (Specify)	ral from State 20b. P	LACE AND DATE	OF DISPOSI	TION (Name of	CEM. 7	DATE 20c. LO	CATION — C	ity or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE CHARLES E. HIC	NSEE / A	V. L	1/1/25	IAME AND A	DDRESS OF FA		POLIS	• MI	0. 21401
	23. PART I. Entar the diseases, or co shock, or haart fallura. Li	mplications that caused	the death, Do r	not enter	the mpde t	of dying, suc	ch es cardiec or reep	Iratory arre	et,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	netast	atic,	bre	ast	- C	arcinon	a		interval Betwean Onset end Death
z		DUE TO (OR AS A C	ONSEQUENCE OF	F):		u sun	SIP ches	+ tus	de ,	clorement
SATIO	Sequantially list conditione, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO BOR AS A C	ONSEQUENCE OF	1	10	A 1 A	ot.	01 +	1	rlacement
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7:	CBI	0	aucus_	9	u _	
	PART II. Other significent conditione	contributing to death but	nnt resulting	In the une	ladvina na	una aluan In	Post I as magain		1	
S			To the total and	ar tric unit	errying co	use given m	PERFO	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL							1	NO		DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?	HOSPITAL:	lest 2 DOA	OTHER	:	OF DEATH (Ch				
	27. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	Could not be 26e. PLACE OF INJURY — At home, ferm, street, fectory, office 26f. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify)								oute Number,
29e, CERTIFIER No.										
COMPLETED	(Check only	AN: To the best of my knowled On the beele of examination e								end menner ee stated.
BE C										
P P	30 NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DEAT	oust	STA	FF			•	71	8/93

TERS MD - 307

153 1993

(ITEM 27) (Type, Print)
300/ S. HANOVER

BALTIMORE

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFI	CALE OF	DEATH	REC	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH DAY	YEAR 3	TIME OF DEATH
	JUDYE K	ING RUDOLP	H			07	14 1	993	7:20 a M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	6. BIRTHPL	ACE (State or Foreign
	577-54-2835	1 D M 2 😾 F 5	1 YRS.	MONTHS DAYS				WASHT	NGTON D.C.
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	OR LOCATION OF DI		1941	UNTY OF DEA		
E			BETHE		MONTGOMERY				
12	SUBURBAN HOSPI RESIDENCE OF DECEDENT	TVP		DETHE	DUM		MON.	LGOMER	.I
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCA	TION			1	od. INSIDE CITY
듬	MARYLAND MONT	GOMERY	РОТО	OMAC				1	LIMITS?
	10e. STREET AND NUMBER				1. ZIP CODE		10g, CI		AT COUNTRY?
ERAL	11730 DEVILWOOD	DRIVE			20854				
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S. ADMED	12 WAS DE	CENDENT OF HISPAI	IIC OBIGINA (Co.		ited S	
	1 Never Married 2 Married	FORCES? 1 TYES	S 2 NO	If yes, s	ecify Cuban, Maxica	n, Puerto Rican, a	itc.)	ACCURACY.	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [] YE	3 2 NO Specif	y:		Specify:	WHITE
	15. DECEDENT'S ED	UCATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND	OF BUSINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	rork done during m e retired.)	ost of working				
집	Transmit y decorber y (0-12)	College (1-4 or 6+)	HOMEMAKI	ER		SELF			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Middle)	Maldan Sumama		
	HILLEL KING				The second of th	ABRAMS			
B	19a. INFORMANT'S NAME (Type/Print)		19h MAII NIC	ADDRESS /Sternal	and Number or Rural			In Code)	
임	DR. SAMUEL RUDOLI	ри			od Drive,				20854
						-			
	20e, METHOD OF DISPOSITION 1 [A Burlel 2 Cremetion 3 Re	movel from State	Ob. PLACE AND DATE C	her place)	eme of	DATE	ROC. LOCATION -	- City or Town	n, Stata
	4 Donation 5 Other (Specify)		KING DAVII				ALLS CH	HURCH,	VA
	21 SIGNATURE OF FUNERAL SERVICE I	JCENSEE			NO ADDRESS OF FA		FMORTAL	СНАВІ	ELS, INC.
d	Trank 1	a stone	e		Rockvill				
	23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do n						Approximate
	ahock, or heert failure	. List only one cause on	each line.						Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	101-45	10/00	vellar	Anno	+			Onset and Death
	resulting in death)	a. ASVSTO	A CONSEQUENCE OF	raiac	71117	2 1			
		b. 15che	A CONSEDUENCE OF		10	+	h.,		10000
No	Sequentially list conditions,	b. SCHOOL AS	A CONSEQUENCE OF	ara	IGHTY	OBAL			Onkrung
F	If any, leading to immediate cause. Enter UNDERLYING	106/11	n rei	, ,,,,	in- F.	na ho	210-		172 vrs
윤	CAUSE (Disease or injury	c. DUE TO (OR AS	A CONSEQUENCE OF						00913
Ē	that initiated events resulting in death) LAST	0266	ce A	ther	oscler	22 to 5)2 (An	14
CERTIFICATION		d. 10011C	18. (1	1,01	scier	Unic)	. '0	unknown
	PART II. Other aignificant condition	one contributing to death	but not resulting i	n the underlyin	g cause given in	Part I. 24a. \	MAS AN AUTOPS		PERE AUTOPSY FINDINGS
EDICAL	Hypo thy	noid, 1	Jerro	Datt	クソ		YES 2 70	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
	Chronic	Rena	P Acus	lune	1)	_ '	123 2 1 10		F DEATH?
₹			0 011			_			VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-	26 9	LACE OF DEATH (Ch	ock only one)			10//
길	EXAMINER?	HOSPITAL:		OTHER:					
₹	27. MANNER OF DEATH	1 Inputient 2 ER/OL 28a. DATE OF INJURY			ne 5 🗆 Residence		HOW INJURY O	0011050	
	1 4 Natural 5 Pending	(Month, Day, Year,	inj	URY W	DRK?	28d, DESCHIBE	HOW INJURY O	CCUHEO	
BY	2 Accident Investigation		DV 4454		YES 2 NO				
8	3 Suicide e Could not b	building, atc. (Sp	RY — At home, farm, secify)	rreet, ractory, one		City or Town	(Street and Numb n, State)	er or Rural Roo	ita Number,
교		SICIAN: To the best of my kno	owledge, death occurre	ed at the time, dat	and place, and due	to the cause(a) a	ind manner as si	tated.	
COMPLET	one) 2 MEDICAL EXAMI	NER: On the basis of examinat	ion and/or investigatio	n, in my opinion,	death occured at the	time, data and pi	ace, and dua to	the cause(a) a	and manner as stated.
Ш	296. SIGNATURE AND TITLE OF CENTIF	en			29c. LICENSE NUI	MBER	29d, D/	ATE SIGNED (A	Aonth, Day, Year)
00	aluleur / L	empse	-		D342	97	•	7-10	1-92
2	30. NAME AND ADDRESS OF PERSON W		DEATH-(ITEM 27) (Type	Print)		1 6			. , _
					1 200				
	31. DATE FILEO (Month, Day, Year)	7 - 14808 PHY	STULANS I	ANE #11	I - ROCK	VILLE.	MARYLA	ND 20	850-3942
	1111 1 5 1003	STREGISTRAN'S SIC	n-Gandell						

TO WE HOST TO THE CONTROLL THE ENVIRONMENT THE ENVIRONMENT THE ENVIRONMENT TO THE ENVIRONMENT burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IR ATTENDAGE PAYSICIAN. The law impulses that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1

COLUMN THE	SSCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completing filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the State Dept. of Health and Mental Hygiene prior to burial, committen, or removal.	the medical examiner must be notified at once.	
Too loo work to the same of th	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the utending physician and completely filled in by the funeral of be filled within 72 hours after death with the State Debt, of Health and Mental Hygens prior to bunis, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAI	RTMENT FICATE	OF H	EALTH	AND	MENTAL HY		93	22011
	1. DECEDENT'S NAME (First, Middle, Lest)			ERIII	ICATE	UF	DEA	IH	2. DATE OF DEA	тн7/6/9	93	3. TIME OF DEATH 1 (): 2
	Arthur Ke	ed	Arthu	ır H.	Reed				монтн	CAY	93	10:280 M
	4. SOCIAL SECURITY NUMBER 019-22-0574	5. SEX	6. AGE (In yrs. I	.,	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRT (Month, Day, Y	N ear)	8. BIRTI Count	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	1) M 2 F	6	3 YRS.	OF OLEM	TOWN:	OR LOCATI		(Month, Day, Y 03/20/			sachusetts
E	Greater Laurel B		Hospit	- 1	Laur		OH LOCALI	ON OF D	EATH	1	OUNTY OF D	
5	RESIDENCE OF DECEDENT		nospit							Pri	nce (Georges
DIRECTOR					TY, TOWN OF							10d. INSIDE CITY LIMITS?
	Maryland Moni	tgomery		Si	<u>llver</u>		ing	E		1 400 (STITEN OF	1 TYES 2 NO
ER/	1509 Paula Drive					"		903		US		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT (F HISPAI	VIC ORIGIN? (Spec	fy Yes or No-		E — American Indian, k, White, atc.
BY	1 Never Married 2 Afarried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	INO			2 A NO		in, Puerto Rican, at	c.)	Spec	
- 1	15. DECEDENT'S EDI	JCATION	16e. C	DECEDENT'S	B USUAL OC	CLIPATIO	N.		165 KIND C	F BUSINESS/	Whi	te
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5			work done de			ng	TOU. KIND C	P BOSINESS/	INDUSTRI	
₩ W	12	+2	S	alesm	nan			-	Sel:	f-emp1	oyed	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, M		•	
8	Joseph F. Reed 19a. INFORMANT'S NAME (Type/Print)			ION MAII IN	1000500	/C44	Lil	liam	F. Hite	chcock		
일	Betsy Reed								Spring			
	20a. METHOD OF DISPOSITION 1 Burial 2 XX Cremation 3 Ran	HUNGAR PROCESSOR	20h PLACI	FANDDATE	OFDISPOSIT	TION /A/s	me of		DATE 20	A LOCATION	City on To	own, State
	4 Donation 6 Other (Specify)	-1	Fort	Linc	oln C	rem	ator	y 7/	10/93 B	rentwo	od, M	arvland
	21. SIGNATURE OF UHERAL BERVICE U	CENSER /	11.		22. N	AME A	ID ADDRE	SS OF FA	Funeral			
	· Mally D	Kenala	6		11	800	New	Ham	pshire A	Ave-Si	lver	Spring, MD
	23. PART I. Enter the diseases, pr shock, or heert fellure.	complications the	it coused the d	deeth. Do	not enter t	the mo	de of dy	ing, auc	h aa cerdiec or	respiratory	errest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition					,						Intarval Between Onset and Death
	resulting in death)	a	(OR AS A CONS	Um	2	4/1	IER					
_			(On As A CONS	EOUENCE U	r):							
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):							
	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OR AS A CONS	EQUENOE O								
E	that initiated events resulting in death) LAST	4	TON AS A CONS	EOUENCE O	er);							
2	PART II. Other algnificant condition	ns contribution to	doeth hut ont		l- 10-							
5	. Strain agrintant condition	THE CONTRIBUTING TO	daath but hot	resulting	in tha und	lariying	cause (given in	Part I. 24a. W	REPORMED?	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA									1 Y	ES 2 NO		DF DEATH?
												1 YES 2 NO
<u>8</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)			
PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		e 5 □ Re	sidence	6 Other (Specif)	')		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		26b. TIN	IE OF 2		RK?		28d. DEŞCRIBE N	IOW INJURY O	CCURED	
À	2 Accident Investigation	28e, PLACE O	F INJURY — ALI	ome ferm	etraet factor		'ES 2 [NO NO	and LOCATION (
COMPLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)	ionie, tarrir,	ationt, factor	ry, orner			28f. LOCATION (S City or Town,	State)	Der of Hure! F	toute Number,
	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, d	death occurr	ed at the tim	ne. date	end place	and due	in the cause(a) an	d menner ee s	fated	
2	one) 2 MEDICAL EXAMIN	ER: On the basie of a	xamination and/o	r Investigation	on, in my opi	Inlon, d	eath occur	ed at the	time, data and place	e, and due to	the cause(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE		/				29c. LICE	4 -			ATE SIGNED	(Month, Day, Year)
2	110 the function	et MI						113	6766	•	7/7/	195
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	Print)	11	0	CA	0.5			R.D. 20207
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		-1161		/		,	-441	1233	M. J. 20207
	JUL 1 2 1993	Julia Davido	on-Rande	23								

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701

22012 93

		FOR 7/30/93 STATE REGISTRAR	t . t STATE	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE REG. NO.
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1. DECEDENT'S NAME (First, Middle, Last)		- 10						2. DATE	OF DEATH			3. TIM	E OF DEATH
ROBERT	MICHAEL	ROHN						MONT	4	1 1	993	8	:18 P
4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTI	NPLACE	(State or Foreign
215-68-7680	1 M 2 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	15,	1955	TLI	LINC	TS
9a. FACILITY NAME (If not institution, give	FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF						ON OF DI		,	_	INTY OF C		
816 EASLEY	816 EASLEY STREET, #1011 SILVER SPRI						PRIN				FRV		
RESIDENCE OF DECEDENT										1 11	DIVIC		W1(T
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d. II	NSIDE CITY
MARYLAND MO	NTGOMERY		SI	LLVER	SPE	RING							YES 2 NO
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT C	OUNTRY?
816 EASLEY STR	EET, #10	11					2091	10		US	SA		
11. MARITAL STATUS		IT EVER IN U.S. AR							7 (Specify Y		14. RAC	E — Am	ericen Indian,
1 Never Married 2 Married	IF YES, GIVE V	YES 2 A	10			ecify Cube 2 T NO			Ricen, atc.)		Spec	k, White	, atc.
3 Wildowed 4 Divorced	5/31/74 t	0 5/20/76				X						,	ITE-AS
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b	KIND OF B	JSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	work done use retired.)	dunny me	St OF WORK	ny						
	1	MAI	IL H	ANDL	ER			U	.S. P	OSTAI	SEF	RVIC	E
17. FATNER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, I	Aiddle, Maide	n Sumame)			
ROY H.	ROHN, JR					JOY	CF	Δ	ROH	N			
19a. INFORMANT'S NAME (Type/Print)	11011111 011		b. MAILING	G ADDRESS	S (Street e			Route Numi	per, City or To	199. 1	p Code)		
ROY H. ROHN.	TD	37	770 1	מ דדו	ם עם	CAD	#11	СТ	LVER	CDDTN	10 1	m 2	0006
20a. METNOD OF DISPOSITION	JK.	20b. PLACE					1/ 1 .	DAT		OCATION -			
1X Burlet 2 Cremation 3 Rer	noval trom State	cemetery cre	matory or o	ther plecel	N CE	METE	DV	1					
	ICENSEE	- Onit	OI I										
12 Surfect 2 Cremetton 3 Removed trom State Cemetery Cremetory or other place) CATE OF HEAVEN CEMETERY 7/9 SILVER SPRING, MD									TOTALIC	TO A T TO	103/17	T 2 7	
1. 1	(1)			FR	ANC]	S J.	COI	TITI	FUNE	KAL I	IOME,	IN	C.
23. PART i. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	NARCOT	I C	not enter	the mo	de of dy	ing, auc	RLV	D., W	., SI	LL. S	SP.,	MD 20 Approximeta Interval Between
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shock, or heart feliure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, If any, leading to immediate	complications that List only one cet a. A C U T E DUE TO b. DUE TO c.	NARCOT	I C DUENCE C	INTO	the mo	de of dy	ing, auc	RLV	D., W	., SI	LL. S	SP.,	MD 20 Approximeta nterval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow realist that the same of the control of the same of DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH THOMAS ALLEN REAGAN 07 93 3:44 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 184-44-2122 36 9-18-56 1 XM 2 - F DAYS HOURS W. CHESTER, 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RT.90 & RT.113 BERLIN WORCESTER RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? GA FULTON ATLANTA 1) YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2895 MORNINGTON DRIVE 30327 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—H wea accelfy Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 📉 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: В IF YES, GIVE WAR OR DATES Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPUTER MANUFACTURING CO. Elementary/Secondary (0-12) College (1-4 or 5+) ENTREPENEUR once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES B. REAGAN, JR. JANET WALTER 100 BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code, 2895 MORNINGTON DR., ATLANTA, GA 3032/ 2 HOLLY P. REAGAN 9 20a. METHOD OF DISPOSITION
1
Burial 2
Cremation 3
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must A. FERRIS & Co. 7/21 W. CHESTER, PA 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE XUZO & GOFUS FUNERAL HOME, INC. 250 W. STATE ST., KENNETT SQUARE, russell PA 19348 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart feliure. List only one cause on each line. Interval Batween Onset end Death **IMMEDIATE CAUSE (Final** the disease or condition Le Sigures A CONSEQUENCE OF): resulting in death) event. traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting In death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? : After this certificate had death with the State Disable is marked, or Item ? Item 2 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 🗆 Residence 6 Tother (Specify) ON HIGHWAY 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1. Natural
2. Accident 5 Pending Investiga 1 YES 2 NO 3:44 pm BY 7-17-1993 DRIVER IN VAN/VAN IMPACT 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDATO THE FUNERAL DIRECTOR: AID DE filed within 72 hours after de IMPORTANT: It Item 28 is 3 Sulcide 281. LOCATION (Street end Number or Rural Route Numb City or Jown, State) RT. 90 & RT. 113 95 COMPLETED 8 Could not be 4 Homicide ON HIGHWAY 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 TREDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTAFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) King perton O.C.M.E. 7-18-1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEDDORE M. KING 111 Penn Street, Baltimore, Maryland 21201 JUL 19'93 32. REGISTRAR'S SIGNATURE whia Davidson Randalle

BALTIMORE, MARYLAND 21203-3146	A PENDING PHYSICIAN: The law requires that the death certificate be executed within rurs after death. Page 6 may be retained by the hospital or attending physician.	The threater has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parameters, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ISION OF VITAL RECORDS, P.O. BOX 13146,	GINN: The law requires that the death certificate be executed within	The Area mas conflicate has been signed by the attending physician and completely filled in by the face of the state Dept. of Health and Mental Hygiene prior to burkal, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	93 2201				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
- å	Marion C. Rus	sell.			07 06	93 9:30 PM				
	4. SOCIAL SECURITY NUMBER 192-14-4573			FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 12 23 19	6. BIRTHPLACE (State or Foreign Country) PA				
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	Annapolis Conval	scent Center		Annapolis	Av	ne Arundel				
H.	10a. STATE 10b. COUN			TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
		e Arundel	Cr	ownsville		1 TYES 2 X NO				
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?				
R	1143 Clair Road	12. WAS DECEDENT EVER		21032		USA				
BY FU	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Maxi 1 YES 2 X NO Specific		- 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EC (Specify only highest gra	de completed)	16a. DECEDENT'S US (Give kind of wo	SUAL OCCUPATION k done during most of working retired.)	16b. KIND OF BUSINESS.	•				
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	House		Home					
M	17. FATHER'S NAME (First, Middle, Last)		nouse		NAME (First, Middle, Maiden Surnam	(*)				
	Llewekun Canwell			Charle	atte Mitchell					
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A		al Route Number, City or Town, State,	Zip Code)				
5	Webster F. Russe	ll	1143 C	lair Road, Cro	wnsville MD 2	1032				
	20s. METHOD OF DISPOSITION 1 Durisl 2 Cremetion 3 Re	movel from State		ION (Name of cemetery, crematory of		— City or Town, State				
	4 Depution 5 Other (Specify)		An	atomy Board 7/	7/93 Baltimo	re. Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE 122. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St., Annap, MD 21401									
	100			147 Duke of G	loucester St.,	Annap, MD 21401				
	23. PARTI. Enter the diseases, o	r complications that cause a. List only one cause on		t anter the mode of dying, so	uch as cardiec or respiratory	arreat, Approximete				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
z		boz 10 (011 A5	A CONSCIOUENCE OF J.			ļ				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	A CONSEQUENCE OF):							
E	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSECUENCE OF).							
빙		d								
MEDICAL	PART II. Other eignificent conditi	ona contributing to deeth OSTUPULS	but not reaulting in	the underlying ceuse given	In Part I. 24s. WAS AN AUTOP PERFORMED? 1 TYES 2 FONC	AVAILABLE PRIOR TO				
7										
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only one)					
SIC	1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Out		OTHER: Nursing Home 5 - Residence	e 6 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH 1 Naturel 5 Pending Investigatio	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		26d. DESCRIBE HOW INJURY	OCCURED				
TED BY	2 Accident investigatio 3 Suicide 6 Could not 8 4 Homicide detarmined	mber or Rural Route Number,								
COMPLETED	CONDUM ONLY				tue to the cause(a) and manner as the time, data and place, and dua	stated. to the cause(s) and manner as stated.				
BE	296. SIGNATURE AND THE OF CERTIF	TIER	1	D38		DATE SIGNED (Mogth, Day, Year)				
10		trew, Ms	1233-1		OR ANNAPOL	1) MD 2A01				
	31. DATE FILED (Month, Day, Year) JUL 0 9 199	32. REGISTRAR'S SIG	MATURE Andelle							

1	-	FOR STATE REGISTR	AR
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest) KATHERINE Greyn Ridble 2. Date of Death MONTH DAY YEAR 7-10-93 3. TIME OF DEATH												
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In	~	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month,	BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign	
	579-16-6952 9a. FACILITY NAME (If not institution, give s	_ (80	YRS.	9b. CITY, TOWN	1255.07	191	1-21-12				aryland	
HC H	6526 JODIE		•			10				9c, COU	NTY OF D	COO O O CO	
CTC	RESIDENCE OF DECEDENT										veoryas		
DIRECTOR	MD Roland (242444) (Action of total of the colored												
	10e. STREET AND NUMBER			1 2		H. ZIP COD				1 TYES 2 NO			
FUNERAL	6526 JODIE					207	84		U.S.A.				
B≺	11. MARITAL STATUS 1 Never Married 2 Never Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, s	CENCENT COSES 2 NO	ın, Mexica	IIC ORIGIN? n, Puerto Ric	Specify Yes an, etc.)	or No-	14. RACE Black	- American Indian, k, White, atc.	
TEO	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	Give kind of	USUAL OCCUPAT	ON ost of working	ng	16b, K	IND OF BUS	INESS/IND			
PE	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	o. Do NOT u Homem					II o				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			TOME	a.ker	18. MOTI	HER'S NAI	ME (First, Mic	HO		_		
BE C	Raymond -	Har	ryman				Fann		-		oore		
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street				City or Town		-		
	Bobieanna Adams 20a. METHOD OF DISPOSITION				Box 600		bron		rylan		1830		
	1 Burial 2 Cremation 3 Remo	oval from Stata			oln Ceme			7/16		ntwo		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ALGOTO			22. NAME /			77.7				o. Inc.	
_	Thomas 5.	Fram	less		5801	Clev	elan	d Ave	Riv	erda.	le. I	Md. 20737	
	23. PART I. Enter the diseases, or o shock, or heert fellure.	omplications that	t ceused the d	eeth. Do i	not enter the m	ode of dyl	ing, such	es cerdie	c or respir	ratory arr	rest,	Approximate Interval Between	
	IMMEDIATE CALIES (FILL)	Art	erios	cher		-dios	1414	1164	9"	leas	<i>e</i>	Onset and Death	
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	G											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	PART II. Other significent condition	s contributing to	death but not	resulting	In the underlyle	g ceuse d	alven in i	Part I. 2	la. WAS AN	ALITOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	4 1	mia							PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž								_					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		28. P	LACE OF D	EATH (Che	ck only one)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		3 DOA 28b. TIM	4 - Nursing Hor	OURY AT	sidence			I HIRV OO	MADED		
BY PHYSICIAN: MED	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	J/A	INJ	M 1	ORK? YES 2] NO	26d. DESCRIBE HOW INJURY OCCURED					
200 SI ACE OF INHIBY At home from about 400								loute Number,					
COMPLETED		R: On the basis of ax										and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	beho	Depot	ime.	ner cap	29c LICE	U IS	BER 1	_	≥ 7	SIGNED	(Month, Day, Year) L-93	
	PAVI A DEVIS	RE MO	420	3 Q	eenss	ry /	U	440	TAU	:40	40	2078	
	JUL 1 4 1993 Fulia Javidson-Rondelle												

CONTRICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. ALE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

er death. Page 6 may be retained by the hospital or attending physician.

The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rel. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANE	The SMENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached by mind within 72 bours after death with 17 bours after death with 18 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR		STATE OF I	MARYI AND	/ DEPAI	RTMEN	T OF H	łeaith	AND	MENT	AL HYCIEN		93	22016
	1 - STATE REGISTRAR				CERTIF					MEN	REG. NO.			
	1. DECEDENT'S NAME (Flist	, Middle, Last)	Ro	ROMAGNA Jack Romagna 2. DATE OF DEATH 7/10/9 MONTH 10 9							3 _{VEAR}	3. TIME OF DEATH		
100	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	R I YEAR	IF UNDER	R 24 HRS.		E OF BIRTH	1	-	IPLACE (State or Foreign	
	057-01-7945 99. FACILITY NAME (If not institution, give s		ty M 2 □ F	8:	2 YRS.	MONTHS	DAYS	HOURS OR LOCATI	MIN.	0ct	nth, Day, Year)		Lond	on, England
R	Randolph Hi			m o			ator		ON OF D	EATH		9c. COUR		
CTC	RESIDENCE OF DEC		10c. CITY, TOWN OR LOCATION								ТУ			
IRE		10b. COUNTY				,								10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER	Monte	gomery		S1.	lver			_					1 X YES 2 NO
9908 Indian Lane 100. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 20901 USA										VHAT COUNTRY?				
N N	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIG	HN? (Specify Yes	USA or No-		- American Indian.
BY F	1 Never Married 2 3 November 1 Divo		FORCES? 1	YES 2 (MNO .		It yes, sp	ecify Cube	n, Mexica	in, Puert	o Ricen, etc.)	555014	Speci	k, White, etc.
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PL	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	tenogr		r				Repor	ter		
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)			2011081	арпе		18. MOT	HER'S NA	ME (First	, Middle, Maiden			
BE (Anthony Vic		magna					Bar	bara	a Ma	nzoni			
2	190. INFORMANT'S NAME (7)										mber, City or Town		Code)	
	John Romagn								del		MD 207			
	1) Buriel 2 Cremetio	n 3 🗆 Reme	oval from Stata	20b. PLAC	CE AND DATE	of DISPOS	eme t	me of Lerv	7		/93 Bre			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	,)							eral Ho		04,	TID .
	1 Cea	Masca	e Sle	ai									vor	Spring, MD
	23. PART i. Enter the di	seeses, or o	complications that	t ceused the	deeth. Do									Approximate
	IMMEDIATE CAUSE (Fin	ert Isliure.	Liet only one ceu	ise on each li	ine.						•			interval Between Onset and Death
	disease or condition resulting in death)	→	DUE TO	INE	WT	RCR	ANI.	AC	612	EMO	RRHA	G.E.		WEEKS
			DUE TO	(OR AS A CONS	SECUENCE O	F):			iii.					
CERTIFICATION	Sequentially list conditi	ons,	DUE TO	(OR AS A CONS	SEQUENCE O	F):					_			
CAT	cause. Enter UNDERLY!	NG	c											
	that initiated events resulting in death) LAS	·	DUE TO	(OR AS A CONS	SEQUENCE O	F):								
CER			1											
II	PART II. Other algnifice	nt condition	e contributing to	1000				cause g	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	INSULI	y DE	EP EN DAY	- D	1866	765	1	rec	47	45	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	KECUL	LENT	ASP1	RATIE	الدو									1 _ YES 2 _ NO
ä	CHRON	IC Ro	ENAR F	Alle	1 Rb									
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only	one)			
H XS	1 YES 2 NO		1 _ Inpatient 2 _		3 DOA		alng Home		sidence		er (Specify)			
7		Pending	(Month, De			URY	WO	RK?	¬ _{NO}	280. DI	ESCRIBE HOW IN	JURY OCC	URED	
10 2 Accroem									oute Number,					
COMPLETED		letermined		ara. (Openny)						Cit	y or Town, State)			
PL			CIAN: To the best of											
Š	one) 2 MEDI	CAL EXAMINE	R: On the basis of ax	camination and/o	or investigation	n, in my o	pinion, de	ath occur	ed at the	time, de	la and place, and	due to the	Cause(s)	and menner as stated.
BE (29b. SIGNATURE AND TITLE	OF CERTIFIER	~					29c. LICE	NSE NUM	IBER	,	29d. DATE	SIGNED	(Month, Day, Year)
5	Meetin 2	JA-	ugelph	<u> </u>				9	86	744	-	17	10/	9.3
	30 NAME AND ADDRESS OF Martin Shar	ge	COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Print)	3-	7-2-5 1	FAR	PAG	Feet MV	E.	0.5	
	31. DATE FILED (Month, Day,)	bar)	A THE DELLA	S SIGNATURE	Lett.		IS	-N 5	120 6-	76 x	H.D	300	59	
	JUL 1 2 1	333 (1		-									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be list within 12 hours are used with the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	OF MARYLAND C	/ DEPARTMEN ERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGII	ENE	3 22017				
	4. SOCIAL SECURITY NUMBER 5. SEX 144-03-8722 1 🖾 M 2	Joseph Rami	mrath	ER 1 YEAR IF UNDER 24 HRS.	2. DATE OF OEATH MONTH July 9 2. DATE OF BIRTH (Month, Day, Year	, 1993 8.	3. TIME OF DEATH 11:31 am BIRTHPLACE (State or Foreign Country)				
HOT	9a. FACILITY NAME (if not institution, give street and number of the st	per)	9ь. СП	TY, TOWN OR LOCATION OF Olney	June 10	9c. COUNTY	Germany OF DEATH Montgomery				
AL DIRECTOR											
FUNERAL	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S., A. 17 1 YES 24		J. WAS DECENDENT OF HISP/	Uni	ted States RACE — American Indian, Black, White, atc.					
ETED BY	3 Wildowed 4 Olivorced 15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	16a. D	ECEDENT'S USUAL. Give kind of work done Do NOT use retired.	1 YES 2 NO Spec	16	BUSINESS/INDUS	White TRY				
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Last)		Uphols		AME (First, Middle, Maid	,					
TO BE	Franz Rammrat 19a. INFORMANT'S NAME (Type/Print) Rita Mhley	16		ss (Street and Number or Rura	Route Number, City or		ide)				
	20g, METHOO OF DISPOSITION 1 \(\times \text{Burlel} \) 2 \(\text{Cremation} \) 3 \(\text{Removal from St} \) 4 \(\text{Donation} \) 5 \(\text{Other} \) (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE	AND DATE OF DISPO ematory or other place 1Sia Memo	orial Park	1993 O1	mond Be	or Town, Stata				
	23. PART I. Enter the diseases, or complication	ofurt is that coused the d	MOO335 F	Rockville, Ma	arvland 20)850 - 280	ome cgomery Avenue 05				
	ehock, or heart fellura. List only or iMMEDIATE CAUSE (Final disease or condition resulting in death)	e cause on each lin	OUENCE OF):				Interval Between Onset and Daeth				
RTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSE									
MEDICAL CER	d										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAE EXAMINER? HOSPITA		OTHE	28. PLACE OF DEATH (C	heck only one)		1 TES 2 NO				
BY PHYS	1 YES 2 HO 1 Impation 27, MANNER OF DEATH 28e. D/	nt 2 ER/Outpetlent : NTE OF INJURY onth, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	a 8 ☐ Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED						
8	3 Suicide 8 Could not be determined 28s. PL bu	ACE OF INJURY — At he ilding, etc. (Specify)			281. LOCATION (Stree City or Town, Sta	nte)	Rural Route Number,				
BE COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the bas				e time, data and place,	and due to the c	GNED (Month, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETE	7 101		11/64	55	130	11/17/2				

The state of the s

	1	FOR STATE REGISTRAR		MARYLAND	/ DEPAI	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN REG. NO		7	
		1. DECEOENT'S NAME (First, Middle, La. Janie Mae Rai 4. SOCIAL SECURITY NUMBER	,	Director.							7/97	3. TIME OF DEATH 6'00 P M	
phould		216 - 20 - 8609 9a. FACILITY NAME (If not institution, gh	1 🗆 M 2 🔀 F	6. AGE (In yrs. 88	YRS.	MONTHS 9b. CITY	DAYS	HOURS OR LOCATIO	MIN.	7. DATÉ OF BIRTH (Month, Day, Year) 12-08-04		BIRTHPLACE (State or Foreign Country) Delaware	
2,	СТОВ	310 Friendship	Rd, Elktor				kto				Cec		
mit. Pages	L DIRE	Maryland Ce	cil		10c. Cf	Elkt	on				6	10d. INSIDE CITY LIMITS? YES 2 NO	
transit per	FUNERAL	310 Friendship R		IT FOR IN HO	101150			219	921		U.S		
21215-0020 I or attending physician. For use as the burial-transit permit. Pages 1,	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2X	VER IN U.S. ARMED YES 2 NO OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 VES 2 NO Specify: Black								
212	PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5		(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use neithed.) Assembler (Line worker) Explosives							
MARYLAND retained by the hospits 5 should be detached outflied at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) William Hynson						18. MOTH	IER'S NA	ME (First, Middle, Maiden Hollingswo	Surname)		
5 5 5	TO B	10a. INFORMANT'S NAME (Type/Print) Lucille Jones			109 C	AODRESS linto	on S	t. I	or Runal F E1kt(on, Maryla	n, State, Zip Co nd 21	921	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be re		20c. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of carmetery, or other place) 21. NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A.											
BALTIMOF s after death. Page 6 m by the funeral director, removal.	1	▶ William L.	King	14/	Wy.	2	226	E. Ma	ain S	St. Cecil	ton, M	aryland 21913	
within 24 hours within 24 hours cremation, or referent, the medi		23. PART I. Enter the diseases, cahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition reaulting in death)	. A/2	Leim (OR AS A CON	er's	Di			ng, auch	n an cardiac or reepi	ratory arreat	Approximate interval Between Onset and Daath	
O.O. BOX 68 certificate be execunding physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
RECORDS Hequires that the seen signed by the of Health and M hows any Injury	MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO										24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Y P P P E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	1:	N		ck only one) 8 Other (Specify)			
	ВУ РНУ	27. MANNER OF DEATH 1 Neturet 5 Pending 2 Accident Investigation	(Month, D	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY W					WORK? VES 2 NO				
PATENDING MET CHAIR CHAI	LETED	3 Suicide 8 Could not be determined	building,	of Injury — At atc. (Specify)						281. LOCATION (Street & City or Town, State)		Rural Route Number,	
THE MASSIFICE THE MESSIFICE TH	COMPL	(Check only one) 2 MEDICAL EXAMI	NER: On the beats of a	AN: To the best of my knowledge, death occurred at the time, data and place, and dua. On the basis of axamination and/or investigation, in my opinion, death occurred at the								suse(a) and manner as stated.	
TO THE TO THE De filed	TO BE	296. SIGNATURE AND TITLE OF CENTIF	go,	SE OF OEATH (1	TEM 27) (Torse	. Print)		29c. LICE	SE NUM	BER / 4	29d. DATE SI	GNEO (Month, Day, Year)	
	6	H Farkas 1 31. DATE FILEO (Month, Day, Year)	1 32. REGISTRA	Res SIGNATURE	Che	sapea	lee	Hospi	ce,	III Howard	St. E	1kton, 2/92/	
		<u>nn 14°9</u>	3 Ju	chia David	son-Ra	ndell						DHMH-16 Rev 1/89	

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TO THE HOW NACORATION TO BE INVESTIGATED THE INVESTIGATION THE PROPERTY OF THE CONTINUE OF THE

1 - STATE STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIF	ICATE OF I	DEATH	REG.	NO.		
			RBARA RA	AHN)		2. DATE OF DEATH	04-	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 147 28 7718	1 □ M 2 🔯 F 5	(In yrs. lest birthdey)	MONTHS DAYS	l	MARCH 27	1935 7, XXX X		JERSEY
DIRECTOR	9a. FACILITY NAME (If not institution, give s GOOD SAMARITAN HO RESIDENCE OF DECEDENT	i i		BALTIMOI	тн	9c. COUNTY OF DEATH CITY			
REC	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCATIO	N				10d. INSIDE CITY
	TEXAS CITY		S	SAN ANTON	[0]				LIMITS?
FUNERAL	100. STREET AND NUMBER 25550 BOERNE STAC	GE RD.			1P CODE 3255			SA	HAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, speci	DENT OF HISPANIC ty Cuban, Mexican, NO Specify:	ORIGIN? (Specify Puerto Rican, etc.	Yes or No	14. RACE Black, Specify	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION work done during most	of working	16b. KIND OF	BUSINESS/IND	USTRY	VVIII III
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	se retired.)					
MP.	17. FATHER'S NAME (First, Middle, Last)	4	HOMEMA				HOM	E	
	JOHN C. COUSE				MARION V				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and				Code)	
욘	JOHN C. COUSE			BOX 83, I					
	20s. METHOD OF DISPOSITION 1	oval from State 20	b. PLACE AND DATE	of disposition (Name ther place) REMATORY	of	DATE 200	OVER,		n, State
	21. SIGNATURE CONTRIBERAL SERVICE LI			FELLOV	ADDRESS OF FACILITY OF ST. (LS FUNER	RAL HOM	——- Е	21.620
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bDUE TO (OR AS		F):					Interval Between Onset and Death 2 Incom His
	PART II. Other significant condition	as contributing to death i	out not resulting	In the underlying o	ause given in Pa	art I. 24a. WAS	S AN AUTOPSY	24b. Y	WERE AUTOPSY FINDINGS
I: MEDICAL							S 2 NO	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Check	k only one)		_	
PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence 8	Other (Specify)			
ву Рн	27. MANNER OF DEATH Natural 5 Pending Natural Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WORK	Y AT 2	28d. DESCRIBE HO	OW INJURY OCC	URED	
8	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spe	/ At home, ferm, ecify)	street, factory, office	2	City or Town, S	eet and Number (tate)	or Rurel Ro	ute Number,
COMPLET		CIAN: To the best of my know							and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	nd (A	1.D.)		9c. LICENSE NUMER	ER	29d. DATE	SIGNED (Month, Day, Year)
F		EDNO TO	LOCH K	AVEN B	LVD B	4270.	, un	2	1239
5	31. DATE FILED (Month, Day, Year)	fula Davidson-N	AND DE				7		

	death
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	The
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
	ATTENDING

JUL 23

32. REGISTRAR'S SIGNATURE

4	1. DECEDENT'S NAME (First, Middle, Lust)		·	OF DEATH	REG. NO		A THE OF STATE
	NANCY =	TO RO.	bIN SO	D	MONTH D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	350 46 6167	10 M 2 DV 3	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	15-3	Country)
	Sa. FACILITY NAME (If not institution, give st	reet and number)	9b. CITY	TOWN OR LOCATION OF DE	EATN	9c. COUNT	Iowa Y OF DEATH
DIRECTOR	1542 Whi	tehall	<i>y</i>	TNNA (po/13	,	AA
R	10e. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY
		e George's	Bowie				YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	11804 Forest Kno			20720		Unit	ed States
3	11. MARITAL STATUS 1 Never Married 25 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		WAS DECENDENT OF HISPAR If yes, specify Cuban, Mexica			I. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		TES 2 X NO Specify	y:		Specify:
0	15. OECEDENT'S EDUC	CATION	DECEDENT'S USUAL OF	COLIDATION	No		White
ETE	(Specify only highest grade Elementary/Secondery (0-12)	completed)	(Give kind of work done of life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUS	STRY
P	Containing/Secondary (0-12)	College (1-4 or 5+)	Homemake	300	0 11		
COMPL	17. FATHER'S NAME (First, Middle, Last)		пошешаке		Own Ho		
EC	Joseph Dudley Ch	anman				Gurranney	
0	19e. INFORMANT'S NAME (Type/Print)	apman	19b. MAILING ADDRESS	(Street and Number or Rural)	<u>cy Sartini</u> Boute Number City or Tow	m Stata Zin C	orde)
5	Charles M. Ro	hinson		est Knoll Co			land 20720
	20a. METHOD OF DISPOSITION	20b. PLAC	CE AND DATE OF DISPOS	ITION (Name of			y or Town, State
	1 Donation 5 Other (Specify)	oval from State cemetery.	crematory or other place)	Crematory			dria Virgini
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22.	NAME AND ADDRESS OF FA		izezan	dria viigini
	- (I) want &						
	I TAIN WILL I	10100 - 1°		eall-Evans I			
	23. PART I. Enter the disease, or c	omplications that caused the	MA. 1	6000 Annapol	lis Rd. Boy	wie M	arvland 2071
		omplications that caused the	death, Do not enter	6000 Annapol	lis Rd. Boy	wie M	aryland 2071
	iMMEDIATE CAUSE (Final disease or condition	omplications that caused he List pnly one cause pn each li	death. Do not enter line.	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwood Description
	iMMEDIATE CAUSE (Final	List Drily one couse Dri eech II $\frac{5ho+g\nu}{}$	death. Do not enter line.	6000 Annapol	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwood Donset and Do
7	iMMEDIATE CAUSE (Final disease or condition	List Drily one couse Dri eech II $\frac{5ho+g\nu}{}$	death. Do not enter line.	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betw
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	List Drily one couse Dri eech II $\frac{5ho+g\nu}{}$	death. Do not enter ine.	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betw
CATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Su O + a vous ou out to (OR AS A CONT	death. Do not enter ine.	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwood Donset and Do
IFICATION	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Su O + a vous ou out to (OR AS A CONT	death. Do not enter ine. SEOUENCE OF):	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwood Donset and Do
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF):	6000 Annapol the mode of dying, such	h se cerdiec or reep	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwood Donset and Do
ī. I	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF): SEOUENCE OF):	6000 Annapol the mode of dying, such	Lis Rd. Boy	wie M Iratory errea	aryland 2071 t, Approximete interval Betwonset and Do
ī. I	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF): SEOUENCE OF):	6000 Annapol the mode of dying, such	Lis Rd. Boy	Wie M Iratory errea	aryland 2071 t, Approximete interval Betwonset and Do
ī. I	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF): SEOUENCE OF):	6000 Annapol the mode of dying, such	A b de	AUTOPSY IMED?	aryland 2071 t, Approximete interval Betwonset and Di
MEDICAL	immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF): SEOUENCE OF):	6000 Annapol the mode of dying, such	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	aryland 2071 t, Approximete interval Betw Onset and D 24b. WERE AUTOPSY FINOI AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	death. Do not enter ine. SEOUENCE OF): SEOUENCE OF):	6000 Annapol the mode of dying, such	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	aryland 2071 t, Approximete interval Betw Onset and Done
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BALTIMORE, MARYLAND 21215-0020

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PERSON WHO COMPLETED CAUSE

Lulie

Jr

Andrew Zarick

31. DATE FILED (Month, Day, Year)
JUN 2 5 1993

OF DEATH (ITEM 27) (Type, Print)

M.D

Day don- And a

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE NAME OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE PAR	TO THE FUNE	be filed within	IMPORTAN

93 22021 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1993 ROWE Kay Frances June 7:30 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 XF 41 213-60-7821 March 24,1952 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7032 Sundays Lane Frederick Frederick 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Frederick Frederick Maryland 1 TES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21702 U.S.A. 7032 Sundays Lane 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R

1 YES 2 XNO Specify: 1 Never Married 2 Marri BY Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Merhl Wilford PERKINS Betty Mae KIRBY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 7032 Sundays Lane, Frederick, Md. 21702 John D. Rowe 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Rec 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Mount Olivet Cemetery, 4 Donation 6 Other (Specify) 6-25-93 Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Allan Keeney & Basford P.A. Funeral Home Ruby -M00703 East Church St Frederick 21701 the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the diseases, or complications that shused the deshock, or heart fellure. List only one cause on each line. used the death. Do not enter Approximate Interval Bety tMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ Muliple resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST MEDICAL PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing He 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated, MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mgnth, Day, Year) P35164 ▶ 6/23/9

DHMH-16 Rev 1/89

31-A East Frederick Street, Walkersville, Md. 21793

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Maryland

10d. INSIDE CITY LIMITS? 1 | YES 2 | NO

14. RACE — American Indian, Black, White, etc.

Approximate interval Betwe **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

REG. NO.

2

31. DATE FILED (Month, Day, Year)

6'93

BALTIMORE, MARYLAND 21215-0020

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may x, pa		20a. METHOD OF DISPOSITION 1 ☐ Burtal 2 ☐ Cremation	3 🗆 Remo	val from State	20b.	PLACE AND DA	E OF DISPOS	SITION	(Name of		DATE	20c. LO	CATION —	City or To	wn, State
24 hours after death. Page 6 may be filled in by the funeral director, page on, or removal.		4 Donation 5 D Other (Sp.	ec/fy)		В	el Air	Memor	cia.	l Gard	dens	7/17	Be.	l Air	, Ma	ryland
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TAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within the UHECTOR: After this certificate has been signed by the attending physician and completely 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crematificence if them 28 is marked, or item 23 shows any Injury, or other traumatic event, it	ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen Inve 2 Accident 3 Suicide 8 Couder of Check only 1 CERTIFY.	conditions Condit	DUE TO DUE TO CONTributing to ARA HOSPITAL: 1 Inpetient 2 28e. DATE Of building.	OF INJURY OF INJURY of C. (Special Control of the C	CONSEQUENCE CONSEQUENCE It not resulting Consequence It not resulting Consequence At home, fam.	OF): OF): OF): OF): OTHE 4 Nui	28. I tory, of	PLACE OF DOME 5 ReINJURY AT WORK? YES 2 Iffice	given in, i DEATH (Che esidence	Part I. :	As. WAS AN PERFORI I YES 2 Specify) RIBE HOW II ION (Street & Town, State)	AUTOPSY MMED? I NO NJURY Occurrence as state	Or Rural R	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
TAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within the UHECTOR: After this certificate has been signed by the attending physician and completely 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crematificence if them 28 is marked, or item 23 shows any Injury, or other traumatic event, it	COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen Inve 2 Accident 3 Suicide 8 Couder of Check only 1 CERTIFY.	c. d.	DUE TO DUE TO CONTributing to ARA HOSPITAL: 1 Inpetient 2 280. DATE OF (Month, D.) 280. PLACE C building.	OF INJURY OF INJURY of C. (Special Control of the C	CONSEQUENCE CONSEQUENCE It not resulting Consequence It not resulting Consequence At home, fam.	OF): OF): OF): OF): OTHE 4 Nui	28. I tory, of	PLACE OF DOME 5 REINJURY AT WORK? YES 2 Iffice are and place in, death occur	given in I PLLX PEATH (Che esidence (Part I. :	As. WAS AN PERFORI I YES 2 Specify) RIBE HOW II ION (Street & Town, State)	AUTOPSY MED? I NO NJURY Occ and Number	or Rural R	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 oute Number,
Settle. CATENDING PHYSICIAN: The law requires that the death certificate be executed within NEW THEOLOGY: After this certificate has been signed by the attending physician and completely lim. 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremative. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the condition of the cause of the	c. d.	DUE TO DUE TO CONTributing to ARA HOSPITAL: 1 Inpetient 2 28e. DATE Of building.	OF INJURY OF INJURY of C. (Special Control of the C	CONSEQUENCE CONSEQUENCE It not resulting Consequence It not resulting Consequence At home, fam.	OF): OF): OF): OF): OTHE 4 Nui	28. I tory, of	PLACE OF DOME 5 REINJURY AT WORK? YES 2 Iffice are and place in, death occur	given in, i DEATH (Che esidence	Part I. :	As. WAS AN PERFORI I YES 2 Specify) RIBE HOW II ION (Street & Town, State)	AUTOPSY MED? I NO NJURY Occ and Number	Or Rural R	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 oute Number,

Maul 32. REGISTRAR'S SIGNATURE

lia Daydson-Randall

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

,		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF ICATE OF	HEALTH AND I	MENTAL HYGIEN REG. NO.	- /.	runced
		1. DECEDENT'S NAME (First, Middle, Leat)			fenacht		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	AY 93 YEA	3. TIME OF DEATH
4)3		1. SOCIAL SECURITY NUMBER	XI MIZOF	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	12/1 00	RTHPLACE (State or Foreign unitry) Lryland
. 2. 3 should	TOR.	9a. FACILITY NAME (If not institution, give st	Treet and number)		1	OR LOCATION OF DE	АТН	Sc. COUNTY O	F DEATH Secol
if, Pages	DIRECTOR	Maryland I	Harford		y, town on Loc el Air	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
in. ransit permit.	FUNERAL	125 Regent Drive			11	21014		USA	F WHAT COUNTRY?
21215-0020 I or attending physician. for use as the burial-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR ON WWII	N U.S. ARMEO 2 NO ATES	If yea, s	CENDENT DF HISPAN pecify Cuban, Maxica \$ 2 NO Specify		В	ACE — American Indian, lack, White, atc. pecify: White
21 for u	COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12	Cation completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	usual occupat work done during m se retired.)	ION lost of working	16b. KIND OF BUS	siness/industr	
YLA by the be det	BE CO		Rufenacht			Lillia	ME (First, Middle, Maiden n Harriet	. Shock	
E, MA y be retain age 5 sho be notiff	2	190. INFORMANT'S NAME (Type/Print) Glenna L. Rufenac 200. METHOD OF DISPOSITION		125 R	egent Di	rive, Bel	Air, Md.	21014	
O o o		1 St Burlei 2 Cremation 3 Remo	cem	PLACE AND DATE SEL AIR	Memoria	L Gardens	7-15-93	Bel A	ir, Md.
BALTIM for death. Page the funeral dire oval.		Abevora Ki	McComa	AW	Howai 1317	d K. McCo Cokesbur	omas III F v Road, Ab	ingdon,	Home, P.A. Md. 21009
1760, B ted within 24 hours after completely filled in by the fill, cremation, or removal event, the medical		IMMEDIATE CAUSE /Final	artireas	ach iine.	E Cara				Approximate interval Between Onset and Death
BOX 68760, cate be executed within hysician and completely prior to burial, cremain traumatic event,	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEDUENCE O					
P.O. th certification of hydren	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE O	F):				
RECORDS requires that the dobeen signed by the it, of Health and Mer	MEDICAL	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlyin	ng cause given in i	Part i. 24a. WAS AN PERFOR 1 \(\triangle \text{ YES 2} \)	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CLAN: The law princate has life State Dept or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{ND} \)	HOSPITAL: 1 Inpatient 2 ER/Outp.	atlent 3 DOA	OTHER:	LACE OF OEATH (Che			•
N OF	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW IP	JURY OCCUREO	
	_ 4	3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, atc. (Spec	— At homa, farm,	street, factory, offic	Ca	281. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
DR JSPITAL OR INERAL DIFE thin 72 hours	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowl R: Dn the basis of examination	edge, death occurre	n, in my opinion,	and place, and due death occured at the t	to the cause(a) and man	ner as stated.	e(s) end manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Alda M D	Elevel		29c. LICENSE NUM DO 1/94	BER	29d. DATE SIGN	ED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	COLFE	RMP	Print) ZO	3 Tento	to Copyry	LOGO	34
		JUL 13 '93	Julia Davido	ion-Randel	2				

E 02	be fil
1	
1	4
	1

IMPORTANT: II

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	1. DECEDENT'S NAME (First, Middle, Last) ALICE EUGENE RHO	DES							2. DATE OF	12		¥33	3. TIME OF DE.	АТН А. м
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF E	BIRTH N. Mart	T	8. BIRTH	PLACE (State or	Foreign
	216-22-5324	1 M 2 X	68	YRS.	MOWINS	DAYS	HOURS	MIN.	04 2	4	25		" rylan	d
· ~	9a. FACILITY NAME (if not institution, give street and number) SACRED HEART HOSPITAL C umber1								EATH	1	9c. COUN			
CTOR	RESIDENCE OF DECEDENT	HOSPITAL			0	mbe	riai	na			ALI	.EGAl	NY	
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d. INSIDE CIT	Υ
	MD All	egany		Cı	ımbe	erla	nd						LIMITS?	NO
ERAL	10e. STREET AND NUMBER					101	. ZIP COD	E		3	10g. CITIZ	EN OF W	HAT COUNTRY?	
Ä	740 Maryland							1502				U	SA	
Y FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES?	YES 2	NO	13.	If yea, ap	ENDENT (OF HISPAN en, Mexica	NIC ORIGIN? (S	pecify Yea or n, etc.)	No-	14. RACE Black	- American Inc., White, atc.	llen,
B	3 ₺ Widowed 4 □ Divorced	IF YES, GIVE	WAR OR DATES			1 TYES	2 🔀 NO	Specify	y:			Specif	-	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a	DECEDENT'S	USUAL C	CCUPATIO	ON of working	ing.	16b. KIN	D OF BUSIN	ESS/INDU		Black	
19	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	duning mo	at or works	79						
once. COMPL	Unknov 17. FATHER'S NAME (First, Middle, Last)	vn		Home	mak	er	111111111111111111111111111111111111111							
		~ 1.7.3.3.1							ME (First, Middl		mame)			
fled a	Charles Williams Rosa Williams 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip									Cords)				
1 1	Eleanor Rhode	20		740	Mar	ylar	nd A	ven	ue Cui	merls	and	MD	21502	
20	20s. METHOD OF DISPOSITION X Buriel 2 Cremation 3 Rem		20b. PLA	CE AND DATE	OF DISPO	SITION (Na	ime of		OATE	20c. LOCAT				-
Ë	4 Donation 5 Other (Specify)	OVER FROM State	ROC	crematory or o	o Ve	eter	ans	Cen	netery	Cum	her	lam	d MD	
examine	21. SIGNATURE OF FUNERAL SERVICE LIC	Kensce	•		1 22,	Leas	11 TO-	Ste	our Cun	nberl	and	, Mi	D	
Ic event, the medical examiner must N	Leasure-Stein Funeral Home 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one couse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions Due TO (OR AS A CONSEQUENCE OF):													
y, or ether traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SCVEDE ACCTU STENDERS DUE TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):													
shows any injury, : MEDICAL CI	PARTICIPATE SIgnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMILBELE PRIOR TO COMPLETON OF CAUSE OF DEATH? 1 YES 2 NO											CAUSE		
S S	25. WAS CASE REFERRED TO MEDICAL				/	26 DI	ACE OF O	EATH (Ch.	eck only one)					
SIC1/	EXAMINER?	HOSPITAL:	☐ ER/Outpatien	3 DOA	OTHE!	R:		-	8 Other (Sp	noite)				_
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L	INJURY	28b. TIM		28c. INJ WO	URY AT RK?		28d. OEŞCRIE		JRY OCCL	JRED		
- 1	3 Suicide 8 Could not be	OF INJURY — At etc. (Specify)	Y — At home, tarm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

Day, Year) 9

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WELIK, M.D. 902 SETON DRIVE CUMBERLAND, MD. 21502

31. DATE FILED (Month, Day, Year)

JUL 14 1933

Los - Me Keager

A-19 4-8-14

BALTIMORE, MARYLAND	iours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached or removal	medical examiner must be notified at once.
PIWSION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSTIC MATTER MING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hosp	TO THE FUNCENT MEMORY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dent, of Health and Neutral Horiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIE		, ,		, 20
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEA	тн
	Lola Louise R					7 3		93	4:00	рм
		8. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/11/192		Country)	ACE (State or F	oreign
	9a. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN C	OR LOCATION OF D		9c. COUNT			
CTOR	Star Route, Box 10	6H		Grantsv	ille		Garr	ett		
DIRECTOR	Maryland Garret	t		TOWN OR LOCAT	ION				d. INSIDE CITY LIMITS?	
3AL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERAL	Star Route, Box 10				21536		USA			
	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	fes or No — 14	RACE - Block, W	American Indi /hita, atc.	len,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES	2 X NO Specif	y:		Specify:	White	е
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	16a. DECEDENT'S (JSUAL OCCUPATION done during mo	ON st of working	18b, KIND OF E	USINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			•		-			
MO	17. FATHER'S NAME (First, Middle, Lest)		Housekee	eper	18 MOTHER'S NA	Casselm ME (First, Middle, Maid				
	William A. Yommer					Butler	en Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or 1	own, State, Zip Co	ode)		
F	Richard M. Resh		Star Ro	oute, Bo	x 106H;	Grantsvil	le, MD	215	36	
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Remova	20b.I from State	PLACEANDDATEO	F DISPOSITION /No	me of	DATE 20c.	OCATION — Cit	y or Town,	State	
	4 Donation 5 Other (Specify)	Gra	tery, crematory or oth antsville		ry ID ADDRESS OF FA	7/6 Gr	antsvil	le,	Maryla	ınd
	D. Lynn The	comon By		Newma	n Funera	Homes, et; Grant	P.A. sville.	. MD	2153€	5
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis	nplications that caused	the death. Do no	ot anter the mo-	de of dying, suc	h aa cardiac or res	piratory arres	t,	Approxim	ete
	IMMEDIATE CAUSE (Finei	a stray of the dead of the	on ma.						Onset and	
	disease or condition resulting in death) e	Carcinoma							Sev.	Mos.
_		DUE TO (OR AS A C	CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	*					-	
S	CAUSE (Disease or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	*						
CEF	d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions c	ontributing to death bu	t not resulting in	the underlying	ceuse given in		N AUTOPSY ORMED?		RE AUTOPSY F	
ă						1 YES	2XXNO		MPLETION OF O	CAUSE
Σ								1.0	YES 2 [NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATH (Ch	and and and				
Sic		IOSPITAL:	tient 3 DOA	OTHER:		8 Other (Specify)				
ا څ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE HOV	INJURY OCCUP	RED		
BY	1 Netural 5 Pending 2 Accident Investigation	(WORTH, Day, Teal)	INJU		ES 2 NO					
COMPLETED	3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY - building, stc. (Specif)	— At home, farm, st	reet, factory, office	1	281. LOCATION (Stree City or Town, Sta	t and Number or re)	Rural Route	Number,	
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	dge, death occurred	at the time, data	and place, and due	to the cause(a) and m	anner as stated.			
Š		On the basis of examination							d manner aa s	stated.
BEC	296 SIGNATURE AND TUPLE OF DERTURER	19	1/ 2	0	29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Mo	onth, Day, Year)	
2	34. NAME AND ADDRESS OF PERSON WHO C	dent	63 M	En	D 056.	58	Ju1	y 4,	1993	
	Herbert H. Leight	1			. Oakla	nd. Marvl	and 21	550		
	31. DATE FILED (Month, Day, Mar)	32 ANGISTRANS SIGNAT	What with		,	, Imilyic	41	550		
	AAM A A dittion	10								

		1
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Ite	
be find when Z were the mean with the Star Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	De fied Willia 22 andrs after death with the Stat	
TO THE WINDHAL DISCUSING After this confidence has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE LINERAL DIRECTOR: After this certificate	
TO THE WORLD FIRE OR TEMBING PHYSICIAN THE IN- requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	DIVISION OF VIT	

	1 - STATE REGISTRAR	STATE OF MAKYL			OF DEAT		MENTAL HYGIENE REG. NO.	E		
3	1. DECEDENT'S NAME (First, Middle, Last)		MOS	St	amos		2. DATE OF DEATH MONTH DAY	9	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 120161283	1 M 2 MF	In yrs. lest birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER AYS HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-11-2	7	Country)	CE (State or Foreign York
TOR	9a. FACILITY NAME (If not institution, give a WASHINGTON RESIDENCE OF DECEDENT	ADV. HOSP	PITAL		ONA		ATH		JTGO	MERY
DIRECTOR	10s. STATE 10b. COUNT	JTGOMERY		Y, TOWN OR I	OCATION VILLE	=				1. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	12710 VIERS	MILL RD.	# 101		101. ZIP CODE 208					COUNTRY? States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If ye	DECENDENT Cos, specify Cube YES 2 NO	n, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		_	American Indian.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of the Do NOT to	work done duri retired.)	PATION ng most of workin	90	Woodwa			hrop
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Domena				Es	ther	ME (First, Middle, Maiden S Martinez			
10	10m. INFORMANT'S NAME (Type/Print) Tina Balsinger						oute Number, City or Town Ver Spring			l
	20. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cem	PLACE AND DATE of the centery, cremetory or of Ort Linc	oIn Ce	metery		15/93 Bren	twood	ty or Town. Mar	yland
	· Xhelio KX	Sadall-		H:	.800 Ne	nald w Ha	i Funeral mpshire Av	e Sil	ver S	pring, MD
	IMMEDIATE CALISE (Final	List only one cause on experience at the cause of the	ach iine.					atory arre	st,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	rter Pi	y I	Dise	nfanct	•		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	a Recention as a Digbe	CONSEQUENCE O	Me		2	ntare	700		
CAL	PART II. Other significant condition	a contributing to deeth be	ut not resulting	In the unde	rlying cause (jiven in I	Part i. 24e. WAS AN A PERFORE	MED?	AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE OEATH?
AN: MED	25. WAS CASE REFERRED TO MEDICAL								1 [YES 2 NO
PHYSICIAN	EXAMINER? 1 YES 2 W ND	HOSPITAL:	etient 3 DOA	OTHER:	Home 5 Re		6 Other (Specify)			
ву РН	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	c. INJURY AT WORK?	NO	28d. DESCRIBE HOW IN	JURY OCCU	JREO	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory.	office		28f. LOCATION (Street at City or Town, State)	nd Number o	r Rural Route	Number,
COMPLETED		ICIAN: To the best of my knowl ER: On the pasts of examination								d manner as stated.
BE	296. SIGNATURE AND TOTAL OF CENTIFIES	Mms.			79c. UCI	HSE NUM	365	29d. DATE	SIGNED (Mo	oth, Day, Year)
0	DETER TO SAL	JA AVENUE	SU ITE	30	3 510	VER	SPRINC	MD	30	902
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAB'S SIGNI	ATURE MANDER							

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO PHE HUSHINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fliled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be flick within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to buriat, cremation, or removal.

IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Morris Stein DAY - 11 - 93 7:15 A												гн Д м	
	4. SOCIAL SECURITY NUMBER 221-03-8170		5. SEX 6. 1 🐼 M 2 🗔 F	. AGE (In yrs. le	st birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	11	Country)	LACE (State or F		
	9a. FACILITY NAME (If not institu	et and number)		9b. CIT	Y, TOWN C	PR LOCATION OF C	VI	1	TY OF DEA	YLVANIA	1			
DIRECTOR	RANDOLPH HILLS NURSING HOME WHEATON									MONT	GOME	RY		
IRE		b. COUNTY					OR LOCAT	TION			1	Od. INSIDE CITY	1	
	MD 10e. STREET AND NUMBER	MONTGO	DMERY		WH.	EATO				1 🗆 YES 2 🛣 NO			NO	
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N S	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AF	ARMED 13. WAS DECENDENT OF HISPANI				NIC ORIGIN? (Specify Ye	NIC ORIGIN? (Specify Yee or No.— 14. RACE — Ame				
ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce	d	WWII	OR DATES	NO			2X NO Speci	en, Puerto Alcen, etc.) fy:	specifyWH				
TEC	(Specify only his		empleted)	16a, DE	CEDENT'S	USUAL O	during mo	ON st of working	16b. KIND OF BU	ISINESS/INDU	JSTRY			
COMPLETED	Elamentary/Secondary (0-12)		College (1-4 or 5+)		ostal Clerk				U.S.POST	CAL SE	RVIC	E		
BE CO	17. FATHER'S NAME (First, Middle MEYER STEIN	e, Last)							AME (First, Middle, Maiden SOIFER	Surname)				
10	190. INFORMANT'S NAME (Type) Lenore Cohen		LECE)						Route Number, City or Tow Rockville,		ryland 20852			
	20e METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 M Removal from State 4 Donation 5 Other (Specify) 20b PLACE AND DATE OF DISPOSITION Completely Circumstory of other place.													
1	21. SIGNAPURE OF FUNERAL SI	ERVICE LICES	(SEE	,				D ADDRESS OF FA	DBERG MEMO	DTAT	CITADI	ELC IN		
4	Juan	L 6.	50%	sel	_	-1	170 1	Rockvill	e Pike. Ro	ckvil	1e. 1	MD 2085	2	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a.										Interval Boon and and and and and and and and and an	etween d Death		
ERTIF	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										Lange Control of the			
10	PART II. Other eignificant	conditiona	contributing to de	ath but not r	esuiting	in the ur	nderiving	cause given in	Part I. 24s. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FI	NDINGS	
MEDICAL									PERFO		Al Ci	MAILABLE PRIOR OMPLETION OF C	TO	
MEC										6		F DEATH?	NO	
AN	25. WAS CASE REFERRED TO M	EDIO41												
PHYSICIAN:	EXAMINER?	1	OSPITAL:	2/Outpetlant 2		OTHER	R:	ACE OF DEATH (C/						
Ä	27. MANNER OF DEATH		28s. DATE OF INJ	IURY	28b. TIM	E OF	28c. INJU	JRY AT	a ☐ Other (Specify) 28d. DEŞCRIBE HOW I	NJURY OCCU	JRED		_	
ВУ	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation					URY		ES 2 NO						
	3 Suicide 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)													
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ea stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end manner ea stated.													
Ö	296 SIGNATURE AND TITLE OF	\sim	1		-			29c. LICENSE NUI				lonth, Day, Year)		
TO B	Joanne 1	YUL						D340.	32	D 71	12/3	3		
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	31. DATE FILED (Month, Day, Year)	1003	TIMEDISTRUA'S	SIGNATURE	ndelle									

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BALTIMORE, MARYLAND 21215-0020

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	TO THE QUIETAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be first mineral ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

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30. NAME AND ADDRESS OF PERSON

2 1993

N.CoyA 31. DATE FILED (Month, Day, Year)

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VISION OF VITAL RECORDS, P.O. BOX 68760,

93 22028 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR William Scott July 9 1993 7:30 Pm SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 8-07-9115 80 August 4,1912 Ohio ACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Olney Montgomery SIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Silver Spring ryland Montgomery 1 YES 2 NO STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 01 International Drive 20906 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Never Married 2 - Merried Widowed 4 Divorced White 15. DECEDENT'S EQUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Firefighter Fire Department 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James T. Scott Margaret Scott 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Helen Snyder 13425 Doncaster Ln, Silver Spring, MD 20904 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION

Burlai 2 Cremation 3 Removal from State Washington Nat'1 Cemetery 7/13/93 Donation 5 - Other (Specify) Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home Ellectic 11800 New Hampshire Ave Silver Spring, MD 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac Dr respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAG ARLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 100 1 YES 2 40 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: itlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide 29e. CERTIFIER
(Check only

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIES 29d. DATE SIGNEO (Mogth, Day, Your) Dr. Goyal 0

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

LETE

3. TIME OF DEATH

DNMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country) Virginia

2. DATE OF DEATH DAY 07-07-93

7. DATE OF BIRTH
(Month, Day; Year)
1-=01=1926

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215-26-0092

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5. SEX

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6. AGE (In yrs. lest birthday)

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2	5	Maryland	Mor	tgomery		K	ensi	ngton				1	LIMITS?
ermi	A L	10e. STREET AND NUMBE	R				.10	f. ZIP CODE			10g. CITIZE		T COUNTRY?
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recurred by the mapping or accounting physician. 5 should be detached for use as the burial-transit permit. Pages 1, notified at once.	B	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dr		12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES 2 10	2 40 If yes, specify Cuben, Mexican, Puerto Ricar							
USE as	E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give A					durina m	ON ost of working	16	b. KIND OF BUS	INESS/INDUS	STRY	
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detach t once.	CO	17. FATHER'S NAME (First,	27-26-20					18. MOTHER'S NA					
od be	BE	George		on					_	Kinne	T		
	5	198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Flural Pouts Number, City or Town, State, Zip Code) 3913 Jeffry St., Silver Spring, M.								g, M	D 20906		
the funeral director, page yeal.		20a. METHOD OF DISPOS 1 ☑ Burtal 2 ☐ Cremail 4 ☐ Donation—5 ☐ Oth	ion 3 - Rem	oval from State	20b. PLACE AND D	DATE OF DISPO	SITION IN	ame of	7 /		ckvi.		
ral direc		21. SIGNATURE DE TÜNER		EMBEE /	//	22	. NAME A	ND ADDRESS OF FA	CILITY				
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npletely filled in by the cremation, or removal vent, the medical		23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	hearl failure.	Ca	on each line. rdiovas	scula	r Ar	ede of dying, such erythmic cy Embo	a		ratory arres	st,	Approximate Interval Between Onset and Peath Sudden
and completely burial, cremati natic event, t	NO	Sequentially list cond		· Lonib	AS A CONSEQUEN	longe	onar	which which	LlS N	1			Sudden
anding physician Hygiene prior to or other traun	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										month	
as been signed by the atte bept. of Health and Mental 23 shows any Injury, of		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
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he State or Item	S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		ОТН		LACE OF DEATH (CA	eck only o	ne)			
certificate he the State (HYSICIAN:	1 YES 2 NO		1 Inpatient 2 ER		OA ANN	rsing Hon	ne 5 🗆 Residence	6 🗆 Oth	er (Specify)			
n with arked	0		Pending Investigation	28a. DATE OF INJ (Mostly, Day) 1	ber)	b. TIME OF INJURY M	WC	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE NOW IN	NURY OCCU	RED	
OFF AND COME	тер ву	2 Accident 3 Suicide 8 Nomicide	iarm, street, fa	street, factory, office 281. LC			LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,			
PAL OFFE	COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
TO THE FUND be filed with	BE CC	29b. SIGNATURE AND TITE		1.11				29c. LICENSE NUI					pottyl Day, Year)
PAN	10	30. NAME AND ADDRESS	OF PERSON WH	O COMPLETED CAUSE O	F DEATN (ITEM 27)	(Type, Brint)		10 200	1		> /	18	113
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		JUL 1	3 1993	32 REGISTRAR'S	lson-Hande								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should no prior to burial, cremation, or removal. ours after death, Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

ficate be executed within BOX 13146, P.O. DIVISION OF VITAL RECORDS.

OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within prouts after death. Page 6 may be retained by the host because this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		sou au	letache	once.
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1 - STATE REGISTRAR	STATE OF				HEALTH AND	MENT	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First,	MARGARET)					2. DATE OF DEATH DAY YEAR 3. TIME JULY 14, 1993 5:				
4. SOCIAL SECURITY NUMB		6. AGE (In yr	s. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 047	E OF BIRTH	1	BIRTHPLAC	E (State or Foreign	
081-12-8940	1 🗆 M 2 🔀 F		81 YRS.	MONTHS DAY	S HOURS MIN.	Aud	onth, Day, Year)	1911	Irel	and	
9e. FACILITY NAME (If not in:	titution, give street and number)		-	9b. CITY, TOV	N OR LOCATION OF E			9c. COUNTY			
Home - 5189	Billy Blair	Lane		Cris	field, MD			So	merse	t	
RESIDENCE OF DEC											
10a. STATE	10b. COUNTY		10c. Ci1	Y, TOWN OR LO						INSIDE CITY LIMITS?	
Maryland	Somerset			Crisf						YES 2 X NO	
Control of the second	D. 1 -				101. ZIP CODE			10g. CITIZEN			
5189 Billy		ENT EVER IN U.S		1 40 1110	ZI (317			U.S.A.		
1 Never Married 2	Herried FORCES?	1 YES 2	NO	If yes	specify Cuben, Mexic	an, Puerl		or No- 14.		merican Indien, te, etc.	
3 ₩ Widowed 4 □ Divo	ced IF YES, GIVI	E WAR OR DATES		1 1	rES 2 NO Spec	eify:			Specify: W	nite	
	EDENT'S EDUCATION	184	. DECEDENT'S	USUAL OCCUP	ATION	1	66. KIND OF BUS	INESS/INDUST	TRY		
(Specify only Elementary/Secondary (0	highest grade completed) 12) College (1-4 or	5+)	Illia. Do NOT u	work done during se retired.)	most of working						
Unknown	Unknown		Housew	ife			At 1	Home			
17. FATHER'S NAME (First, Mi	ddle, Last)				16. MOTHER'S N	AME (Firs	t, Middle, Meiden	Surname)			
UNKNOWN					UNKNOW	NV					
19e. INFORMANT'S NAME (7)	rpe/Print)		19b. MAILING	ADDRESS (Str	et end Number or Rura	l Route No	umber, City or Tow	n, State, Zip Co	de)		
Helen E. Sc	hwarz		5174	Billy	Blair Lar	ne -	Crisfie	eld, MD 21817			
204. METHOD OF DISPOSIT		20b. PL	ACE OF DISPO	SITION (Name o	cemetery, crematory or		20c. LO	CATION — City	or Town, S	tate	
4 Donetion 5 Other	n 3 - Removal from State (Specify)		lisbury Crematory					Salis	oury,	MD	
21. SIGNATURE FUNERA	John Bradshaw		Bra	e and address of F adshaw & S 5 W. Main	Sons			WD 2	1817		
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condit if any, leading to immeasure cause. Enter UNDERLY	ons, Due	TO (OR AS A CO	owa NSEQUENCE C	cired	y Fail					Onset and Dee	
CAUSE (Disease or Injute that initiated events	CAUSE (Disease or Injury										
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25. WAS CASE REFERRED T	MEDICAL			2	B. PLACE OF DEATH (Check only	r one)		1		
EXAMINER? HOSPITAL: OTHER:						6 🗆 0	ther (Specify)				
27. MANNER OF DEATH	ANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY							NJURY OCCUP	RED		
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2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end described at the time, determined at the time,									Rurai Route	Number,	
One)						.l e to the cause(e) end menner ee stated. e time, date end place, end due to the cause(e) end me			menner ee ateled.		
29b. SIGNATURE AND TITLE					29c. LICENSE N	UMAFR		29d. DATE 9	IGNED /Mor	oth, Day, Year)	
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU D 2854						15, 1993	
30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jesus Evangelista, Jr., M.D. – 324 W. Main St. – Crisfield, MD 21817 31. DATE FILED (Month, Day, Year) 32. Equation 5 converting							,				

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 93 YEAR MONT 520A. MD7eW A rivanet A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bit 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Aug. 8,1919 215-18-2803 XXM 2 □ F 73 Pa. use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH HOCFOLL Hartons DIRECTOR OSP ITa RESIDENCE OF DE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Port Depois 7 Cecil 1 TYES TO NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY Maple Hill Drive 21904 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married Married
3 Widowed 4 Divorced 1 Never Married 1 TES TO NO Specify BY White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Ď Elementary/Secondary (0-12) College (1-4 or 5+) Park Manager COMPL detached 77h Zemans Auto Parls 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be Joseph Skrivanek Ħ (unknown) Anna BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mary E. Jaindl 39 Maple Hill Drive, Port Deposit Md. 21904 pe 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must A Donation Other (Specify) Deposi Asbury Cemetery .Md.21904 examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSE ed in by the funeral d 22. NAME AND ADDRESS OF FACILITY Lee A. Pa erson & Son Funeral Home Perryville, Md. 21903 medicai 23. PART i. Enter the dise complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, filled in by Approximate shock, or heert failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the ECTOR: After this certificate has been signed by the attending physician and completely filler after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, diseese or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) law requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 Injury, PART ii. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 23 shows any COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? TRASITIONAL 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL The ltem ; 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO ATTENDING PHYSICIAN: ne 5 🗆 Rasidenca S 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide If itoh CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, TO THE POSTER TO THE BE filed within IMPORTANT. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to 29d. DATE SIGNED (Month, Day, Year) BE 9 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bion No les

P. REGISTBAR'S SIGNATURE

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4. SOCIAL SECURITY NUMBER 5. SEX 203 7 4 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	THE OF		REG 2. DATE OF DEA MONTH	TH DAY Y	3. TIME OF DEA
THE PROJECT OF DESCRIPTION OF STATE AND COUNTY OF DEATH AND CONTROL AND CONTRO							7	18 9	31/-
THE RECEIPT NAME (If not inflance, put arms and uniform) IN APPLICAL CENTER BALTIMOR	The figure of the second of th		e Mo			(Month, Day, Ye	er)	Country)	
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NAMEDIATE CAUSE (Final disease or conditions as a consequence of the cause of the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, inferioral inferioral disease or condition.		> 1 J	//	0	R.T.	FOARD FI	JNERAL		
Intervel at Onset and disease or condition DUE TO (OR AS A CONSEQUENCE OF):		23. PART i. Enter the diseases of	complications that cause	ed the death. Do not	RISIN	IG SUN, I	MARYLA	ND	1 A
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MED	r					_ ' ' '	E9	OF DEATH?
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4 Homicide determined building, stc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 31. DATE FILED (Month, Day, Vear) 31. DATE FILED (Month, Day, Vear) 22. REGISTRAR'S SIGNATURE 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 2 REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 20. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 20. REGISTRAR'S SIGNATURE 20. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear)		EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a, DATE OF INJUR	Y 28h TIME D	E 28c. INJ	URY AT 2	8d. DESCRIBE H	OW INJUNIT OCCUP	
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2 St NAME AND ADDRESS OF PERSON WHO COMPLETED CASE OF DEATH (ITEM 27) (Type, Print) CHUPNAMONTE VA MEDICAL CENTER, BALTIMORE, MD 31. DATE FILED (Month, Day, Ybar) 12. REGISTRAR'S SIGNATURE 11. DATE FILED (Month, Day, Ybar) 12. REGISTRAR'S SIGNATURE 13. DATE FILED (Month, Day, Ybar) 14. REGISTRAR'S SIGNATURE 15. REGISTRAR'S SIGNARY SIGNATURE 15. REGISTRAR'S SIGNARY SIGNARY SIGNARY SIGNARY	D BY PHYSICIAN:	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Structural S Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF INJURY (Month, Day, Year 28e. PLACE OF INJU building, etc. (S)	Y 28b. TIME D INJURN RY — At home, term, atree owledge, death occurred a	M 28c. INJ WO 1 1 v It, factory, office	URY AT RK? /ES 2 ND 2 and place, and dua to	61. LOCATION (S City or Town, the cause(a) an	treet and Number or State)	
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THE HUSPIAL DRITTENDING PROSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flight within the state death with the State Digit, of health and Mental Hydrone prior to burial, cremation, or removal.

IMPORTANT: Ill them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	DE	PARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	
		C	ER	TIFICATE	O	F DEAT	H		REG NO	

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign						
		2/8-16-16/1 10 "2/4" 89 THS. 7/2/04 Mary/AM						
	CIOR	DEATON Sparaty Haspital Balt more RESIDENCE OF DECEDENT 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH						
	BY FUNERAL DIRECTOR	100. STATE 100. COUNTY AA 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 YES 2 NO						
		100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 109 Janelin Drive 21060 USA						
1		11. MARITAL STATUS 1						
1	EIEU	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						
	7	Elementary/Secondary (0-12) College (1-4 or 5+) He. Do NOT use retired.) Salesperson Dept. Stores						
	COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)						
	2	190. INFORMANT'S NAME (TyperPrint) , 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (4 (C)						
	2	John Foley 110 Congressional Prive Stevensulle MB						
Ten.		20s. METHOD OF DISPOSITION 1 \$\frac{1}{2}\$ Dental on \$\frac{1}{2}\$ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cargeter), cremitting of the places of th						
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						
L		barranco Severna PK, MD 21146						
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.						
		IMMEDIATE CAUSE (Final disease or condition 4						
	i	resulting in death) B. DUE 30 (OR AS A CONSEQUENCE OF):						
3	5	Sequentially list conditions, our TO (ON AS A CONSEQUENCE OF): We any, leading to immediate						
1	3	CAUSE (Disease or Injury						
	CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST						
	_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part J. 244, WAS AN AUTOPSY -246, WERE AUTOPSY FINDINGS						
1	5	Decution were and Encyphologist PERFORMEDT COMPLETION OF CAUSE						
		OF DEATHY 1 YES 2 MO OF DEATHY						
	THI SHOUND	25. WAS CASE REFERRED IN MIDICAL 28. IN ACK OF DEATH (County and ack)						
5	5	25. WAS CARE REPORTED TO MEDICAL EXAMINER? 1 YES 2 760 1 in posteri 2 ENOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Dother (Specify)						
3		27. MANNER OF STATH 28s. DATE OF INJURY (Mooth, Day) feat) 28s. TIME OF SAC. INJURY AT WORKY 1. Company S. C. Backler 1. Company S. Company S. C. Backler 1. Company S. C. Backler 1. Company S. C						
1		2 Accident Investigation 1 YES 2 NO 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Mumber or Rural Route Number						
		4 Hornicide determined building, etc. (Specify) City or Even, State)						
COMBI ETED		29s. CERTIFIER [Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.						
		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 256. SIGNARTHE AND TITLE OF CENTIFIER						
9		Tolers V How MD DO 1860 17-10-53						
\$		Dealm Speally Hogyel Home, 6115. Charles St, Bilt. Hd 2/13 a						
		31. DATE FILED MONTH MICHON SUCH STATE SUCH STUDE AND SUCH STATE SUCH STUDE AND SUCH STATE SUCH STUDE AND SUCH						
1	II.	TO 1333 Administration 1						

		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 9 3 6 9	DEATH
P		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) F UNDER 24 HRS. 7. DATE OF BIRTH (Month) F UNDER 24 HRS. 7. DATE OF BIRTH (MONTH) F UNDER 24 HRS. 7. DATE	or Foreign
, 2, 3 should	TOR	Sa. FACILITY NAME (If not institution, give street and number) CHESAPEAKE MANOR E.C.C. RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH ANNE ARUN I RESIDENCE OF DECEDENT	DEL
ft. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE LIMITS?	•
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTR 205 Callege PICMY 21012 VSA	IY?
-3146 riding physician. is the burial-transit	BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 DO If yes, specify Cuban, Mexican, Puerio Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE — American Black, Whita, etc. 15. Yes, give WAR OR DATES	indien,
21203 al or atter for use a	PLETED	15. DECEDENT'S EDUCATION (Speally only highest grade completed) Elementapy/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) AVRSE 16b. KIND OF BUSINESS/INDUSTRY	
YLAND J by the hospit d be detached d at once.	Ш	17. FATHER'S NAME (First, Middle, Last) Thomas Willingham 16. MOTHER'S NAME (First, Middle, Maiden Surramp) Sylvia Keat	
y be retained by age 5 should be notified at	TO B	19a. INFORMANT'S NAME (Type/Print) SUSAN Robey 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 305 Gordon Avenue Severna	tem
m @ ~ ~		20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 B Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) ATNENS LA	
SALT r death. r death. al.		21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Barran Co Severna Parl C, M	0
thing yours etely filled in bemation, or rerent the media		shock, or heart failure. List only one cause on each line.	ximata al Batwaar and Daati
D. O. BOX 1314, the certificate be executed tending physician and corrust al Hygiene prior to burial, or other traumatic ex	CERTIFICATION	Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF): d	
CORDS, uires that the d signed by the Health and Mer was any Injur	MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY OF DEATH? 1 VES 2	RIOR TO DF CAUSE
VITAL RE IAN: The law req rificate has been be State Dept. of	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 1 Inpettent 2 ER/Outbettent 3 DOA 4 Navigor Home 5 Residence 6 Other (Specific)	
OF PHYSIC this ce with th		27. MANNEY OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Natural 5 Pending 28c. INJURY AT WORK?	
TTENDI TTOR: A after da		2 Accident 3 Suicide 6 Could not be datermined 4 Homicide datermined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
DIV TAL OR A RAL DIREC 7 72 hours		29e. CERTIFIER (Check only MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(a) end menner as stated. MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner	ee stated.
C THE	BE	296. LICENSE NUMBER D37064 29d. OATE SIGNED (Month, Day) T1093	Year)
0	TO	Tames M Chem bester Mo 275 Parinsule Form Pd Amold 40 21012	
	1	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO CHERTIA OF ATERIAND PRISCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE BOARD LINE OF A PRINCIPAL AND THE PROPERTY OF THE PAGE 1 AND THE PAGE 1 A	
E HOSPITA DO NITE NE HOSPITA DO ATTE NE HOMEN'S DIRECTOR NEW WITH 72 hours afte ORTANT: It item 28	
BBS	-

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. NO		22000		
1. DECEDENT'S NAME (First, MID 4. SOCIAL SECURITY NUMBER	acy Silli	AUB LACY SILLING		2. DATE OF DEATH DAY YEAR 3. TIME OF DE		3. TIME OF DEATH		
214-01-5754 90. FACILITY NAME (II, not institut	1 M 2 F	84 YRS. MONT	HOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Morth, Day, Year)	Cou	irginia		
	ralls ton beneral Hospital Fallston Harford							
	Maryland Harford Joppa							
100. STREET AND NUMBER 1500 Old JOJ 11. MARITAL STATUS	opa Road		21085		USZ			
3 Widowed 4 Divorced	FORCES? 1 X YES	FORCES? 1 X YES 2 NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yill yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 □養0 Specify:		fee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDE: (Specify only high Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle Theodore Tage	NT'S EDUCATION hest grade completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)		usiness/industry Fuel				
17. FATHER'S NAME (First, Middle Theodore Lac	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname) Essie Brooke Fisher				
Mary L. Sill	ing	1500 Old	IESS (Street and Number or Rural Joppa Road,	Floute Number, City or To Joppa, Md	wn, State, Zip Code) • 21085			
20a, METHOD OF DISPOSITION X Burial 2 Cremation : 4 Donation 8 Cher (Spe	city)B	b. PLACE AND DATE OF DIS	rial Gardens	7-20-98 20c. L	ocation — city or Bel A	ir, Md.		
21. SIGNATURE OF FUNERAL SE	22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) 8. Due to (or as a consequence or):						Approximate Interval Betwee Onset and Deat		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events							
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. The significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause gi								
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	ОТІ	26. PLACE OF DEATH (C	heck only one)				
1 VES 2 NO	1 Dispetient 2 ER/Out 28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED			
2 Suluido	tigation 28s. PLACE OF INJURY	f — At home, farm, street,	INJURY WORK? M 1 YES 2 NO At home, farm, street, factory, office 28f. LOCAT		10N (Street and Number or Rural Route Number,			
4 Homicide deter	4 Homicide determined building, etc. (Specify) City or Town, State)							
	EXAMINER: On the basis of examination					(a) and manner as stated.		
296. SIGNATURE AND TITLE OF	Bonorich M	0.	DO5	MBER 593	29d. DATE SIGNE	8-93		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Typa, Print) 754 Hickory Avenue Bel Air Md. 21014								
31. DATE FILED (Month, Day, Year)	932. REGISTRAR'S SIGN	fandall.			•			

YEAR

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3. TIME OF OEATH

11:49

DHMH-16 Rev 1/89

REG. NO

2. DATE OF OEATH

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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INISION OF VITAL RECORDS, P.O. BOX 68760	OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 235-36-7503 68 5/24/25 Ghent, W. VA burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR The Kent and Queen Anne's Hospital, Inc Chestertown Kent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Rock Hall Kent 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6025 Edesville Road 21661 IISA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, stc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY the 3 X Widowed 4 Divorced White WW II SS COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use Elementary/Secondary (0-12) ò College (1-4 or 5+) detached unknown Land Surveyor Surveying 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joe G. Sweeney 8 Neva Beckett notified at BE 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Glen E. Sweeney 6025 Edesville Road, Rock Hall, MD 21661 20a, METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Debar County pe DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Nama of must director, Tom Lilly Cemetery 7/2/93 Donation 5 Other (Specify) Ghent, W.V. Page examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Fellows-Wells Funeral Home after death. the in by the f 413 High St., Chestertown, MD 21620 medical 23. PART I. Enter the disceases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between ō filled IMMEDIATE CAUSE (Fine) Onset and Death the cremation. disesse pr condition completely DUE TO (OR AS A CONSEQUENCE OF): a ortic aneury sm resulting in desth) traumatic event, an and com CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disesse or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE by t shows any signed Health a 1 | YES 2 | NO OF DEATH? 1 TYES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hadeath with the State D marked, or Item Item HOSPITAL: OTHER: 1 - YES 2 - NO inpatient 2 NER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВУ 1 YES 2 NO After t 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 28 ls i 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide "TO THE FUNERAL DIRECTE be filed within 72 hours af IMPORTANT: If Itom 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 [MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE my Beenen 033514 6 -28-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE wider - Manda

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Sweeney

Glen

6. AGE (in yrs. lest birthday)

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BALTIMORE, MARYLAND 21215-0020

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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
SECEDENT'S NAME /First Middle Lant		

	REGISTRAR		CENTIFIC	CATE OF DEA	ALH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATH		3. TI	ME OF DEATH		
	KATHRYN LOUISE	E SAWDARG	'C		1-	uly 9, 19	93	YEAR 6.	45 P. M		
				F UNDER 1 YEAR F UND	MIN	(Month, Day, Year)		Country)	E (State or Foreign		
- 1	201 01 2002	□ M ² R F 78	YRS.		N	lov. 9,191	4 1	Vorth	Carolina		
	Sa. FACILITY NAME (If not institution, give street	and number)		IL CITY, TOWN OR LOCA	TION OF DEAT	Н	9c. COUNT	Y OF DEATH			
8	2607 Willoughby Bea	ach Road		Edgewoo	Б		Har	ford			
K	RESIDENCE OF DECEDENT	icii noda		Lagewoo	u		Hat	TOIG			
m	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d.	INSIDE CITY		
ㅎ	Maryland Ha	arford	Fdo	rewood				1.0	LIMITS?		
-	10e. STREET AND NUMBER	ATTOTA .	Lac	10f. ZIP CO	NDE .		40 - 017171				
*	Carlo Company Control Control							EN OF WHAT	COUNTRY?		
뿌	2607 Willoughby Be			210	40		Ü	SA			
BY FUNERAL DIRECTOR		P. WAS DECEDENT EVER IN C FORCES? 1 YES	J.S. ARMED	13. WAS DECENDENT	OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 1	4. RACE - A	merican Indian,		
7	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES 2 N		r derito riscait, etc.)		Specify:	,		
	3 Wildwar 4 Divorced			l X				White			
	15. DECEDENT'S EDUCATE (Specify only highest grade com		18a. DECEDENT'S U	SUAL OCCUPATION	44	16b. KIND OF BUS	INESS/INDU	STRY			
<u> </u>		College (1-4 or 5 +)	life. Do NOT use	rk done during most of wor retired.)	Rang						
립	12		Homema	ker		Ho	me				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. 840	THER'S NAME	(First, Middle, Maiden	Cumama)				
Ö	Stanton Walter Pr	esnell					DW.				
BE	AND INCOME ANTIC MARKE (E										
2	Paul Sawdargs		2607 T	OORESS (Street and Number Willoughby	Beach	Road	, State, Zip C	Code)	21040		
			200.	1		- Е	agewoo	oa, Mo	1. 21040		
	20a. METHOD OF DISPOSITION 1, Burlal 2 Cremation 3 Removal		PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c. LO	CATION - CI	ty or Town, S	tate		
	Donation 5 🗆 Other (Specify)		kesbury	U. M. Ceme	tery 7	-12-9B	Abi	ngdon	, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AND ADDE	RESS OF FACIL	тү					
	2/2 a NI	21 /2		Howard K.							
	THOUGHT !!	IL DIVI	20 11.	1317 Coke	sbury	Road, Abi	ngdon	, Md.	21009		
	23. PART I. Enter the diseases, or com ahock, or heart feliure. List	plications that caused t	the death. Do no	t enter the mode of d	fying, such a	na cardiec or respi	ratory arre	st,	Approximate		
	IMMEDIATE CAUSE (Final	Only one cause on eac		Λ	1	Λ		į	Onset and Death		
	disease or condition	CAMPIL	n Konb	rad litter	ta	lup		į			
	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE OF	o aco-	-						
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TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	survai	y Belia	M C	SIMPSI	<u> </u>				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Pe	survai	y Belia	MC	vs(voS)	<u>د</u> ک				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	SOMEOUENCE OF):	y Belia							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	SOMEOUENCE OF):	M Bullion the underlying cause			AUTOPSY	AWAR	E AUTOPSY FINDINGS ABLE PRIOR TO		
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions or	DUE TO (OR AS A C	SOMEOUENCE OF):	y Ballia the underlying cause		ort I. 24s. WAS AN PERFOR	AUTOPSY MED?	AWAR COMI OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?		
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	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or cause of the conditions of the cause of the ca	DUE TO (OR AS A CO	consequence of):	26. PLACE OF OTHER: Nursing Home 5 5 OTF 28c. INJURY AT WORK?	DEATH (Check	1 U YES 2	AUTOPSY MED? NO	AMAR COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?		
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inperient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY = building, etc. (Specify) To the basis of examination of	consequence of: It not resulting in John 1	26. PLACE OF DT HER: Nursing Home 5 SOF 28c. INJURY AT WORK? M 1 VES 2 set, factory, office at the time, date and place in my opinion, death occ	DEATH (Check Residence 6 21 NO 21	24a. WAS AN PERFOR 1 YES 2 only one) Other (Specify) 8d. DESCRIBE HOW II Elitor Town, State) the cause(e) and manne, date end place, en	AUTOPSY MED? NO NO NO NUMBER OCCU	AWAR COMMO OF D 1 I IRED I. Ceuse(e) end	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO Number, menner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inperient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY = building, etc. (Specify) To the basis of examination of	enot resulting in lent 3 DOA 4 28b. TIME INJUR At home, farm, str. dge, death occurred snd/or investigation, H (ITEM 27) (Type, P	26. PLACE OF DT HER: Nursing Home 5 SOF 28c. INJURY AT WORK? M 1 VES 2 set, factory, office at the time, date and place in my opinion, death occ	DEATH (Check Residence 6 21 NO 21	24a. WAS AN PERFOR 1 YES 2 only one) Other (Specify) 8d. DESCRIBE HOW II Elitor Town, State) the cause(e) and manne, date end place, en	AUTOPSY MED? NO NO NO NUMBER OCCU	AWAR COMMO OF D 1 I IRED I. Ceuse(e) end	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO Number, menner as stated.		

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) BUYN&+e	SHEPPARD		3. TIME OF DEATH A
			(last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign Country)
3 should		9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	EATH 9c. COUNTY	OF DEATH
2	DIRECTOR	PENINSULA REGIONAL MEDICAL CEN	TER SALISBURY	WIC	COMICO
Ses 7	EC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
mit. Pa		MD. Wicomico	SALISBUIL		1 X YES 2 NO
020 physician. burial-transit permit. Pages	FUNERAL	Slab Ridge RD.	21801	10g. CITIZEN	COM: CO
the fig of	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Maxica 1 YES 2 NO Specify		RACE — American Indian, Black, White, atc. Specify: Black
21215 al or attend for use as	TED	(Specify only highest grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUS	-011
Spital o	COMPLETED	Etamentary/Secondary (0-12) College (1-4 or 5 +)	Laborer	tarm	
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last) V 11 Known	18. MOTHER'S NA	ME (First, Middle, Waiden Surname)	5
MARYLAND retained by the hospit should be detached notified at once.	TO BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural I	Route Number, City or Town, State, Zip Co	do)
RE, nay be ray be ray be still be n			CEAND DATE OF DISPOSITION (Name of	DATE 200 AQCATION - City	of Town, State
ALTIMORE, seath. Page 6 may be funeral director, page xaminer must be		tage burns 2 Cremeton 3 Hamoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF TIMERAL SERVICE LICENSEE	School Western Diggs Of FA	11093 Princes	Anoc MD
9 2 9 3		Hully E. Ward 7.	D. 103 Hampele	WHUE Princes	issin ind.
24 hours filled in the		23. RART f. Enter the diseases, or complications that caused the abook, or heart failura. List only one cause on each iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONTINUE OF THE PROPERTY OF THE PROPERT	e deeth. Do not enter the mode of dying, suc line. WEEDUENCE OF):	h ee cerdlec of reepiratory erreet	Approximate Interval Between Onset and Death
Secu and and burnaffu	TION	Sequentially list conditions, if any, leading to immediate	NSEQUENCE OF):		
Phy De p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A COM	ISEOUENCE OF):		
OS, P.O. ne death certil the attending Mental Hygien Ijury, or oth	CER	resulting in death) LAST			
CORDS, I res that the deat signed by the atte leath and Mental ws any injury,		PART II. Other aignificant conditions contributing to death but n	ot resulting in the underlying ceuse given in	Part i. 24s, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
111 E " E 8	MEDICAL			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL RE e law req has been Dept. of 23 shc	N.				
OF VITAL PHYSICIAN: The law the certificate has b with the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF OEATH (Ch		
OF V HYSICIAN his certifi with the ked, or	HYS	1 ☐ YES 2 ☐ NO	28b. TIME OF 28c. tNJURY AT	8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCUR	FO
ON OD DING PHYS After this death with	ВУР	1 No Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK? M 1 YES 2 NO		
TISIC TTEND TTEND TTEND THE 9	ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — A building, atc. (Specify)	t home, tarm, atraet, factory, office	261, LOCATION (Street and Number or I City or Town, State)	Rural Routa Number,
O To	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge one) 2 MEDICAL EXAMINER: On the beats of axamination and			suse(a) and manner as stated.
# # 10	BE	296. SIGNATURE AND TITLE OF CERTIFIER LUG QUIN H	29c. LICENSE NUM D 307	ABER 29d, DATE SI	GNED (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (BEN January H. Neyer MI) GUII	MULT (POCUAL Sto. Sale	spung MD 2	(80)
		31. DATE PILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR 111 7 3 '93 Suite Deviden - Rando	IE MA	H. W.	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OF ATLACTOR TO FORM TO FORM TO THE LAW requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital to the hospital and the second of the control of the second of the sec	TO THE TUNERAL DIFFERENCE AND USE OF THE DESCRIPTION OF THE STANDARD OF THE TUNERAL DIFFERENCE OF TUNERAL DIFF	The med arms of the second control of the se
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	STATE OF MARYLAN	ID / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
RAR		CERTIFICATE OF DEATH	REG. NO.
NAME /First Middle I set)		1	2 DATE OF DEATH

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND M	IENTAL HYGIENE REG. NO.	93 2203
	1. DECEDENT'S NAME (First, Middle, Last)	d T. Smith		2. DATE OF DEATH MONTH DAY 7	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-14-9027		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		MRTHPLACE (State or Foreign Jountry)
4	9e. FACILITY NAME (If not institution, give sty	44.49	DE CITY, TOWN OR LOCATION OF DEA	NTH 9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY	, 10c. CITY,	TOWN OR LOCATION	,	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	VICOMICO	101. ZIP CODE	10g. CITIZEN	1 YES 2 NO
FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Merried	MAC. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexicen		RACE — American Indian, Black, White, atc.
, D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES ATION 16a. DECEDENT'S U	1 TYES 2 NO Specify:	16b. KIND OF BUSINESS/INDUST	Specify: Black
COMPLEIED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)	rk done during most of working	GOVERNMI	
_	17. FATHER'S NAME (First, Middle, Last)	Talley		ME (First, Middle, Melder Surneme)	
IO BE	190. INFORMANT'S NAME (Type/Print)	Talley 904	DDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Coo	10 Md 21861
	20e. METHOD OF DISPOSITION 1 W Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)		TION (Name of cometery, crematory or	20c, LOCATION - CITY Brantin	of Town, State
	21, SIGNATURE OF UNERAL SERVICE LICE	Elland F.D.	22. NAME AND ADDRESS OF FAC	HUE Princess	Anne MAL
	23. PART I. Entar the discuss, or c	complications that ceused the death. Do no	t enter the mode of dying, such	as cardiac or reapiratory arrest,	Approximete interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	.^	elleten		Onset and Daeth
2	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF)			
HIFICALION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)			
CERT	that initiated avents resulting in death) LAST	d			
A P	Parker	a contributing to death but not reaulting in	tha underlying causa given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WEDIC	Demen	<u></u>			1 - YES 2/7 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		26. PLACE OF DEATH (Che	W- 3 OF -2 -	
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR	ED
ED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, st building, atc. (Specify)		261. LOCATION (Street and Number or I City or Town, State)	Gural Route Number,
COMPLETED	cool orly	CIAN: To the best of my knowledge, death occurred R: On the basic of examination end/or investigation			suse(e) and manner se stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	IBER 25d DATE SI	ONED (Month, Cay, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	05	1847
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Jalusbu	m 1010 =	21001
	JUL 1 5 '93	Alia Deviden Bondall			

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3. TIME OF DEATH

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILEO (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 687

	90. FACILITY NAME (If not institution class of	1 M 2 F	YRS.	Sh CIT	Y TOWN OR LOCATION OF S	3	_3-44	COUNTY	MD.
TOR	DORCHESTER RESIDENCE OF DECEDENT	General H	OSP.	C	ambric	Tae			chester
DIREC	10a. STATE 10b. COUNTY	1 1	10c. CIT	Y, TOWN	OR LOCATION A b R d	20			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	104. STREET AND NUMBER		, _	0(/ (101. ZIP CODE	10	100	. CITIZEN (OF WHAT COUNTRY?
NER	813-Bay	y Road			2/6	13		U	.S.A.
B	1 Never Married 2 X Married 3 Widowed 4 Divorced			13.	If yes, specify Cuban, Mexic	an, Puerto	IN? (Specify Yes or N Rican, etc.)	3	ACE - American Indian, Black, White, etc.
MPLETED		completed)	(Give kind of s	work done	during most of working	16	b. KIND OF BUSINES	SS/INDUSTF	
BE CO	17. FATHER'S NAME (First, Middle, Last) Wille Ja]	$II \mid E/i$:	Zai	beth 1	Mak	y Blake
9	Gloria J.	SydNOR	813	<u>-Bo</u>	14/4 Roa	d	Camb	Rid	ge, MD.
	1 Donation 5 Other (Specify)	oval from State camelary, o	crematory or o		emetery	7/		bR:	dge, MD.
	▶ Janelle	c. Henry			HENRY F	UNY	ton St	toN.	Mbridge MI
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that caused the class only one cause on each li	ne		r the mode of dying, su	ch aa ca	rdiec or respirator	ry arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Myocarcial interction							
NO	Sequentially list conditions,	Cigare	HE	51	nuting	CIC	GARETTE S	MOKIN	IG
CAT	cause. Enter UNDERLYING	Hypeon	NSI	M	HYPERTER	NSION	I		
ERTIF	that initiated events resulting in death) LAST	ODES 1 X	EQUÉNCE O		ESITY				
	PART ii. Other significent conditions	s contributing to deeth but no	t resulting	in the u	nderlying ceuse given in	Part I.			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						_	1 - YES 250	+0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only o	one)		
l >- I	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 🗆 DOA			6 🗆 Oth	er (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	ESCRIBE HOW INJUR	Y OCCURE	D
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, fac	tory, office			umber or Ru	iral Route Number,
OMPLE									ree(e) and menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	n. Har			A .			I. DATE SIG	NED (Month, Day, Year)
۲	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (IT	ТЕМ 27) (Туре	, Print)		0.0			
	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	DORCLESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 1 Neurial 2 Cremation 3 Reme 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or candition resulting in death) NO WHAT II. Other significent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 1 YES 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	BUT TO BE SHACKLITY NAME (If not institution, give street and number) DO R Che. Ster. General DO R Che. Ster. General Tide. STATE T	BUT THE PROPERTY SECURITY OF PRINCIPLE STORY OF STREET AND NUMBER 10. STREET AND NUMBER 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. MAS DECEDENT SEPUCATION (Specify only highest profes completed) 15. DECEDENT'S EDUCATION (Specify only highest profes completed) 17. FATHER'S NAME (Prof. Mickin, Lost) 17. FATHER'S NAME (Prof. Mickin, Lost) 17. FATHER'S NAME (Prof. Mickin, Lost) 18. DECEDENT'S EDUCATION 19. MARITAL STATUS 10. MORE OF DISPOSITION 12. MARITAL STATUS 17. FATHER'S NAME (Prof. Mickin, Lost) 18. DECEDENT'S EDUCATION 19. MARITAL STATUS 10. MORE OF DISPOSITION 12. SIGNATURE OF FUNERAL SERVICE LICENSEE 18. INFORMANT'S NAME (Prof. Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 18. INFORMANT'S NAME (Prof. Specify) 22. Sequenticity list conditions, the cause on each line. 18. IMMEDIATE CAUSE (Final diseases, or complications that causely the death. Do nesulting in death) 23. PART II. Other significent conditions contributing to death but not resulting that initiated events resulting in death) LAST 25. MAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 1) and offermined 26. PLACE OF INJURY — At home, farm, building, etc. (Specify) And offermined 29. SIGNATURE AND TITLE OF CERTIFIER 1 YES 2 NO 10 Inpostent 2 ERUCULPATION 2 20 NO 20 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 1) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only 2) MEDICAL EXAMINER: On the best of maministion end/or investigation and the prof. March of the prof. March of the prof. March of the prof. March of the pro	Sequenticity in death) Sequenticity in death in death Sequenticity in death) Sequenticity in death in death Sequenticity in death S	BY PROBLETY MAME (if not intrinuition, pive sinear and number) DR CLESTER CHARGE HOSP CAME AND MINISTER THE BEDING OF DECEDENT No. STATE No	THE PROPERTY INAME (If not institution, pive sinest and number) DR CLESTER CENERAL HOSPICAL AND MANEER THE STORE STREET AND MANEER THE MANTAL STATUS TO THE STATE AND HONDERS THE STOCKED OF DECEDENT No. STATE IND. COUNTY IND. MARKET AND HONDERS IND. MARKET AND HONDERS IND. COUNTY IND. MARKET STATE IND. COUNTY IND. MARKET AND HONDERS IND.	THE STRETTS HAME (First Institution) give server and number) PROPERTY STRETTS CONTROL OF DESCRIPTION THE STRETTS AND INSIDER. THE STRETTS AND INSIDER. THE MARITAL STRIPS TO ACCOUNTY THE MARITAL STRIPS THE MARITAL STRIPS THE MARITAL STRIPS THE MARITAL STRIPS TO ACCOUNTY THE MARITAL STRIPS TO ACCOUNTY THE MARITAL STRIPS THE MARITAL STRIPS TO ACCOUNTY THE MARITAL STRIPS THE MARIT	

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH MONTH 07

7. DATE OF BIRTH

DAY 18

YEAR 93

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIRECTOR	4. SOCIAL SECURITY NUMBER 385-30-8619 9a. FACILITY NAME (It not institution, give s	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	06 - 2		YEAR 1413 D. BIRTHPLACE (State or	
IRECTOR	385-30-8619			IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF BIRTH		BUTTHEN ADE OUT	
IRECTOR	9a. FACILITY NAME (If not institution, give s		82 YRS.	MONTHS DAY	8 HOURS MIN.	July 5,1	07.0	Country) UKRAINE	
REC	Frederick		ospital	100	n on Location of C	EATH	21. 27.00	y of DEATH ederick	
0 1	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Florida	Y	E.	Y, TOWN OR LO				10d. INSIDE CIT	
4	10e. STREET AND NUMBER	092 Westm			Ort Myers 10f. ZIP CODE		1.00	1 ☐ YES 2 ☐ EN OF WHAT COUNTRY?	
E	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS I	3391.9 DECENDENT OF HISPA specify Cuban, Mexic (ES 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.)		ed States 4. RACE — American Inc Black, Whita, etc. Specify: Whit	
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	166. KIND OF E	JUSINESS/INDU		
₫ L	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +	Engin	4 5 1 1 1 1 1 1		Archit	ecture		
BE CO	17. FATHER'S NAME (First, Middle, Last)	Theodore	Sawka		1	AME (First, Middle, Maid Cefania		razda	
10 B	19a. INFORMANT'S NAME (Type/Print)	1000000		ADDRESS (Stre		Route Number, City or 1			
		awka	5092	Westmi	inster Dr	/ S. Ft.	Myers,	Fla. 3391	
	20s, METHOD OF DISPOSITION 1 3 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cemetery, cremetory or o	ther place)				ty or Town, State	
	St. Marys Cemetery 6-28 Elkins Park, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME								
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR		F):	₹DIOVAS	CYLAR J)ISEA:	Interval Onset an	
MEDICA	PART II. Other significant condition	e contributing to dea	ith but not resulting	in tha undarly	ring cause given in		AN AUTOPSY ORMED? 2 (X NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	eck only one)			
1 XS	1 X YES 2 NO	1 Inpatient 2 KER 28a. OATE OF INJU		4 - Nursing H	ome 5 - Residence				
ВУ РНУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		URY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOV	INJURY OCCU	RED	
a	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCA					281. LOCATION (Stree City or Town, Sta		Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1	CIAN: To the best of my l							
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU	MBER	29d DATE 9	SIGNED (Month One Vanc	
2	Robert RR Roberts MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OBATH (ITEM 27) (Type, Print) RRR R0/3 ERTS MD 15 W 779 STREET FREDERICK Md 2170 F 45 31. DATE FILED (Md M Db. 9-00) 1000 12 PERSONNELLES SECRETARIES SECRET								

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **MISION OF VITAL RECORDS, P.O. BOX 68760,**

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OF LIBERATED PHYSICIAN: The law requires that the death certificate be executed within 24

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH		HYGIENE REG. NO.) (22042
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF MONTH	DEATH	3.	TIME OF DEATH D
1	JAMES		mms		J4	1 11 11	FAR 193	6.55 M
	4. SOCIAL SECURITY NUMBER		MONTE	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF (Month, D		BIRTHPL Country)	ACE (State or Foreign
	218-16-0088		7 () YRS.	7A S.	8/23	/22	Mary	land
DIRECTOR	SOUTHERN MESSIGNED AND SOUTHERN MESSIGNED OF DECEMENT		OSPITAL (CITY, TOWN OR LOCATION OF D	EATH	PAIN		
EC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION	-		10	d. INSIDE CITY
DIE	Maryland Prin	ce George's	Brand	vui no				LIMITS?
AL.	10e. STREET AND NUMBER	LE HEN SE		101. ZIP CODE		10g. CITIZEI		AT COUNTRY?
FUNER	13405 Old Indi	an Head Roa	a d	20613		USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		Specify Yes or No- 14	RACE -	American Indian, Vhite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TES 2 NO Speci		,,	Specify:	
	15. DECEDENT'S EDUC		16a. DECEDENT'S USUAI	OCCUPATION	165 10	NO OF BUSINESS/INDUS	Bla.	<u>ck</u>
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		ne during most of working	Total Ru	NO OF BOSINESS/INDOS		
APL	12		Mechani	С	Co	nstructi	on	
COMPL	17. FATHER'S NAME (First, Middle, Lest)					fle, Maiden Surname)		
BE (Thomas E. Simm	S		Agust	ine W	ills		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number,	City or Town, State, Zip Co	ide)	
_	Martha Simms			ld Indian H	ead R	d Brandyy	vine	MD.
	20a. METHOD OF DISPOSITION 1 Description 2 Description 3 Description 4 D	oval from State ceme	PLACE AND DATE OF DISI Itery, crematory or other pla	cel	DATE	20c. LOCATION — City		
	4 Donation 5 Other (Specify)	Wa	shington	National 22. NAME AND ADDRESS OF F	17/1	Suitla	ınd,	Marylan
	01100			22. NAME AND ADDRESS OF FI		ams Funer	a1	Home
	Lleys Co	2	191 2	20605 Aquas	co Rd	Aquasco	MD	
	23. PART i. Enter the diseases, or o shock, or heart failure.	Dimplications that caused List only one cause on as	the death. Do not an ch lina.	ter the mode of dying, suc	ch as cardiac	or respiratory arrest	i,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in death)	ACUTE ISCHEM		STEM STROKE				HOURS.
			CONSEQUENCE OF):	RTENSIVE CARD	TOVASC	TITAR DISEA	SE	YERRS
O	Sequentially list conditions,	·	CONSEQUENCE OF:	CILIDIVE CITE				
AT	if any, leading to immediate cause. Enter UNDERLYING	HISTORY OF	•					į
H	that initiated events		CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	HYPERGLYCEM	IA					
	PART ii. Other algnificant condition	contributing to death bu	it not resulting in the	underlying cause given in	Part i 24	a. WAS AN AUTOPSY	24b W	ERE AUTOPSY FINDINGS
CAL	AZOTEMIA			and anything databat given in		PERFORMED?	All	MILABLE PRIOR TO DWPLETION OF CAUSE
MEDIC					1	YES 2 W NO	OF	F DEATH?
≥ :					-		11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	neck only one)			
SIC	EXAMINER?	HOSPITAL: 1 1 Inpatient 2 ER/Outpa	tient 3 DOA 4 1	IER: Nursing Home 5 Residence	6 Other (S	pecify)		
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		IBE HOW INJURY OCCUR	IED	
≥	1 Natural 5 Pending 2 Accident Investigation	(, 23), 1021)	M	1 YES 2 NO				
2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, street,	factory, office	28f. LOCATIO	ON (Street and Number or lown, State)	Rural Rout	e Number,
E								
AP.				ne time, data and place, and due				
COMP	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in m	ry opinion, death occured at the	time, deta and	f place, and due to the c	Buse(a) ar	nd manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	6		29c. LICENSE NU	MBER			onth, Day, Year)
10	Joseph 1	IX of motor		D12884		▶ JUL	Y 15	1993
-	30. NAME AND ADDRESS OF PERSON WHO			TMD 101 OF THE	- TAN TAN	WI AND 2072	5	
	PETER W.YIM M.D. 31. DATE FILED (Month, Day, Year)	7900 OLD BRAN		ITE 101,CLINT	UN, MAR	CYLAND 20/3	5	
	JUL 1 6 '93	Jelia Kai	dson Andree					
	005 - 0 00	Juna ville	May Marian					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	STREET, STREET, STREET, The last standard standard street, standard standard standard standard
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las MARY JA 4. SOCIAL SECURITY NUMBER 187-20-5014	NE	(In yrs. lest birth	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)		
TOR	9a. FACILITY NAME (If not institution, give	street and number)	00		WN OR LOCATION OF DI	1 12/16/C eath	9c. COUNTY O			
DIRECTOR	10a. STATE 10b. COUN	Harford	100.	CITY, TOWN OR L	OCATION TEFORD			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER L 200 L I 11. MARITAL STATUS	TTLE ROAD			101. ZIP CODE 21160		USA	DF WHAT COUNTRY?		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X (%) Specify: WHITE								
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind Ille. Do M	MAKER	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTR	NY .		
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE SLANEY 18. MOTHER'S NAME (First, Middle, Maiden Surname) SARAH ITCCOMES									
2		BERT	420	LING ADDRESS (St	LE RD.,	Route Number, City or Tow √HITEFORI	rn, State, Zio Code			
	20e. METHOD OF DISPOSITION)(C)(Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	metery, crematory	Or other plecel VARY	N (Name of EMETERY	- lear e	MCKEES	·		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation 6 Other (Specify) MT. CALVARY CEMETERY 7/14/\$3 MCKEES ROCK, PA 22. NAME AND ADDRESS OF FACILITY HARKINS F. H. INC., DELTA, PA., 17314									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS /	A CONSEQUENC	CE OF):						
ERTIFI	that initiated events resulting in desth) LAST	d	A CONSEQUENC	E OF):						
MEDICAL	PART II. Other significant conditions	ons contributing to death t	but not result	ing in the under	lying cause given in	Part i. 24a. WAS AN PERFOI 1 YES 2	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	nutleat 3 00	OTHER:	8. PLACE OF DEATH Ch					
ву рну	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		TIME OF 28c	INJURY AT WORK?	28d. DE\$CRIBE HOW	NJURY OCCURE	D		
ETED I	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, fa	rm, street, factory,	office	26f. LOCATION (Street City or Town, State)	end Number or Ru	ral Route Number,		
COMP		SICIAN: To the best of my know						se(a) end manner as atated.		
TO 85-C	296. SIGNATURE AND TITLE OF COSTUP	1	W	/	29c. LICENSE NUI	MBER	29d. DATE SIG	NEO (Month/Day Year)		
-	30. NAME AND ADDRESS OF BERSON V	THO COMPLETED CAUSE OF DE	EATH (ITEM 27)	Top of thints	862A1	- 103	~ //	2/12		

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Pages 1, 2, 3

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of the second of	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

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Ann M. 31. DATE FILED (Month, Day, Year)

Dixon

6'93

MD.

ITEM: 7. PER F.H. G-702 8/3/93 t.t 93-3873-025 ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701 1 - STATE REGISTRAR CERTIFICATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1 9 B 09 1120 Shafer William Johnny 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 7/5/58 1XXM 2 | F 226-98-1873 35 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1921 Brookside Drive Harford Edgewood 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO Maryland Harford Edgewood 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1921 Brookside Drive 21040 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES. GIVE WAR OR DATES 1 YES 2 XND Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 0 Steel worker Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johnny Stanley Shafer Ann Cupid Taylor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code 2 Mrs. Ann C. Baldwin 1921 Brookside Drive, Edgewood, MD 21040 20a. METHOD OF DISPOSITION
1

↑ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION - City or Town, State DATE Bel Air Memorial Gardens 7/14 Bel Air, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 wan 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or height fallure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . NARCOTIC INTOXICATION reaulting in death) DUE TO (DR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 5 □ Other (Specify) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a DATE OF INJURY 28c. INJURY AT WORK? POS TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 9:00AM 1 YES X NO 7-9-93 BY UNKNOWN 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 20t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1921 Brookside Dr. Edgewood, Harford Co. MD. 3 Suicide 8 Could not be determined COMPLETED 4 Homicide FOUND: HOME 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 K MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 07 10 1993 O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 111 32. REGISTRAR'S SIGNATURE Bunda Be DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PASSIBLE TO Law requires that the death certificate be executed within 2 fours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR, After this poen agend by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should brush and the page 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	and the most of the manufactured the manufactured to make the most of the manufactured to make the manufactured and manufactured to the manufactured and manufactured to the manufactured
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FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			NTAL HYGIEN	_	93	2204
1. DECEOENT'S NAME (First, Middle, Last Nellie M. Swis					DATE OF CEATH DON'TH D	AY Y	EAR 3. T	ME OF CEATH 6:30 A M
4. SOCIAL SECURITY NUMBER 236-03-2009 96. FACILITY NAME (# not institution, give	5. SEX 6. AGE (II	2 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) Jan 21,1	8.	Country) West	E (State or Foreign
Moran Manor	and and numbery			rnport		Allec		
WV Mi	neral		TOWN OR LOCAT				1 5	INSIDE CITY LIMITS? YES 2 NO
31 Spring Stre	eet		101.	26726		U.S	N OF WNAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	X NO If yes, specify Cuban, Mexican,			IIC ORIGIN? (Specify Yea or No— 14. R		
15. OECEDENT'S E (Specify only highest gr	ade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo:	on st of working	18b. KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Clerk		Determination	Departm		core	
IT. FATHER'S NAME (First, Middle, Lest) John Mongold 199. INFORMANT'S NAME (Type/Print)		105 MAII ING AI	DDDECC (Street o	16. MOTHER'S NAME Virginia nd Number or Rural Rour	Ritteno	our	nda)	
Virginia Junkir		P.O. 1	BOX 57,	New Creel	c. WV 26	743		
20g METHOD OF DISPOSITION 1 [X] Buriel 2	emoval from State	other place) Otomac Me	emorial	The second second	Ke	yser,	ers intra-	_{Virginia}
11. SIGNATURE OF FUNERAL SERVICE	lan Rolens	ien	Markwo	ood McKenz Mineral	ie Funer			26726
23. PART I. Enter the diseases, of shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only officeuse on ea	consequence of:	0	My Hum		eliratory smea	it,	Approximate Interval Batweet Onset and Deat
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	CONSEQUENCE OF):	/	, Riza	~			
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (Check	only one)			J NO I EJ NO
1 YES 2 NO 27. MANNER OF OEATH A Natural 5 Pending investigation	1 Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	Ne 5 Reeldence 6 URY AT PRK? YES 2 NO	Other (Specify) 8d. DESCRIBE HOW	INJURY OCCU	REO	
2 Accident investigation 3 Suicide 8 Could not determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offic	• 2	81. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
(Onech drill)	IYSICIAN: To the best of my know							d manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	1.			29c. LICENSE NUMBI D 21244	ER	29d, DATE :	SIGNED (Mo	nth, Day, Year)
oo. name and address of person Dr. Jesus H. Tar				Frostbu	rg, MD 2	21532		
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGN		y riaza	, =====================================	-3, .m 2			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - STATE REGISTRAR		CER	RITIFICA	IE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (FOSt, MICHAEL)	75.1					2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yes, last bir	interior at the	HOER 1 YEAR	IF UNDER 14 1885.	7. DATE OF				0656A PLACE (State or Foreign
220=52=9359	79×42□F		YRS. MONTH	HS DAYS	HOURS MIN.	9-7	1943	Country)		
Memorial Hospi				110	berland	ALOUN .	Alle			CONTROL CONTRO
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	ntv llegany	*	Fros	tburg	NON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
40 Mill Street				100	21532					WHAT COUNTRY?
1. MARITAL STATUS 1 Theyer Married 2 Married	EVER IN U.S. ARMES	U.S. ARMED 13. WAS DECEMBENT OF HISPAN 2 1 NO If yes, specify Cuban, Maxican				(Specify Yes o		S.A.	- American Indian, - White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	- 1	1 🗆 YES	2 NO Spec	ity:			Speci	White
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		/Giver A	DENT'S USUAL kind of work do MOT use retire	own distinct me	XN at of working	16b. K	OND OF BUSI	NESS/INDU	STWY	min ve
17. FATHER'S NAME (First, Micidle, Last)			None				None			
Charles C. S	Shriver	1				yn Mc	Kenzi	8		
Evelyn M. Shri	ver	196. M			Mumber or Ruse				Code)	
20s_METHOD OF DISPOSITION 1 GBurlet 2 C Cremation 3 C R	DATE OF DISE	Mill St., Frostburg, Md. 21532 OFFISPOSITION (Married of DATE 2001 LOCATION - City of To Memorial Park 7/15 Frostburg,				A CHARLES				
4 Donation 5 Other (Specify) _		Frostb	ur a Me	moria	1 Park	7/15	Fro	sthur	g.	Mcl.
21. SIGNAPORE OF FUHERAL SERVICE	Horn	/		Durst	Funera	ACLITY 1 Home	, Fro	stbur	g,	
21. SIGNAPORE OF FUNERAL SERVICE 23. SAFET I. Enter the diseases, of	r complications that can be cause Arterios	aused the death on each line.	n. Do not en	22. NAME AND DURST	Funera de of dying, su	ACLITY 1 Home	, Fro	stbur	g,	
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permit. Pages 1,	DIRECTO	10a. STATE 10b. COUNT Maryland Gary			10c. CITY,	TOWN OR						100	LIMITS?
100	ERAL	Rt. 1, Box 196,	Accident-F	riendsv	ille	Rd.		1520			10g. CITIZE		COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N	MED O	17	res, specify	ENT OF HISI Cuban, Mex NO Spe	ican, Puerto	ilN? (Specify Yes or No— o Rican, etc.) 14. RACE — Am Black, White Specify: With			American Indian, lite, etc.
IORE, MARYLAND 21. e 6 may be retained by the hospital or ector, page 5 should be detached for u must be notifiled at once.	E COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	CEDENT'S US we kind of wor Do NOT use i	rk done du retired.)	UPATION ing most of	working	16b		BUSINESS/INDU		
		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Amanda Sweitzer											
	TO B	10a. INFORMANT'S NAME (Type/Print) Eva A. Whiteman							own, State, Zip C Sykesvi		MD. 21784		
	16.04	20s METHOO OF DISPOSITION 1 Purial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE A cemelery, cree	CEAND DATE OF DISPOSITION /Name of DATE 20c. LOCA						cation — City or Town, State			
m - 0	8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. 155 Main St., Grantsville, MD. 2							D. 21	536			
: 68760, BA executed within 24 hours after d and completely filled in by the to burial, cremation, or removal.		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Mef	on each line.	!e /						spiratory arres	it,	Approximete interval Between Onset and Death
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AL law has b Dept.	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE	OF DEATH	Check only or	ne)		<u></u>	
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NO PHYSIC No PHYSIC North this cer nath with th marked, o	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF IN (Month, Day,	Year)	28b. TIME (M		2 NO	28d. DES	CRIBE HO	W INJURY OCCU	REO	
VISO SERVICE		3 Suicide 8 Could not be determined	28a. PLACE OF I building, atd	NJURY — At hor c. (Specify)	ne, ferm, str	et, fector	, office		28f. LOC City	ATION (Stre or Town, Sta	et and Number or ste)	Rural Route	Number,
	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of m										I manner as stated.
TO THE HDS TO THE FUIL De filed with	TO BE C		am, mo				29	C. LICENSE N			29d. DATE :	/ /	93
25	F	30. NAME AND ADDRESS OF PERSON WI- Robert Moss, M. D.					, Re	ister	stown	MD.	21136	,	
		31. DATE SUL (Month, 2 553	PEG PAN	SIGNATIRE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicia	led in by the funeral director, page 5 should be detached for use as the burial or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-lans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	MENT OF H	EALTH AND		GIENE		0 22040	
1. DECEDENT'S NAME (First, Middle, Las HAZE	Hazel M. Sta	nley 51An/s	e y		2. DATE OF DI		43	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 242-54-3019 9a. FACILITY NAME (If not institution, give	1 M 2 F 84	YRS. MO	FUNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 8-27-1	908	New	Jersey	
William Hill Ma	nor		Cambridg	R LOCATION OF DI	EATH		ounty of DEATH rchester		
Maryland Dorc	hester	10c, CITY, T	own on Locati	ON		10d. INSIDE CITY LIMITS? 1 YES 2, NO			
3009 01d Rt 50				ZIP CODE		US		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	13. WAS DECE If yes, spe 1 YES	NDENT OF HISPAN city Cuben, Maxica 2 NO Specifi	n, Puarto Rican,	cify Yea or No— etc.)	14. RACE Black Speci	E — American Indian, k, Whita, atc. ify: White			
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos etired.)		16b. KIND	OF BUSINESS/IN	IDUSTRY		
17. FATHER'S NAME (First, Middle, Last)		Homemake	er	18. MOTHER'S NA		Maiden Surname)			
Henry Wells 19a. INFORMANT'S NAME (Type/Print) Bessie Harrison	- daughter			Emma Hi d Number or Rural I Cambr	Route Number, City				
20a. METHOD OF DISPOSITION (XXBuriel 2 Cremation 3 Re 4 Donation 6) Other (Specify)	amoval from State 20b. P	LACE AND DATE OF D	DISPOSITION (Nan	ne of	OATE	20c. LOCATION -	- City or To		
31. SIGNATURE OF FUNERAL SERVICE	Gansto	comico Me	Cranst	ADDRESS OF FA	ситу ral Hom	ie			
23. FART I. Enter the diseases, p ahook, or heer failure immeDiaTe CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. List only bne cause on eac	n line. nuly onsequence of the control of the cont	enter the mod	e of dying, auc	h as cerdlec p	creepiratory and selection of the select	sl adi	Approximata interval Between Onset and Death	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A O	ONSEQUENCE OF):	10-	- a	eya	den	re	n	
PART II. Other aignificent condition	ons contributing to death but	not resulting in t	he underlying	cause given in	'	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		THER:	CE OF DEATH (Che		(6.1)			
27. MANNER OF DEATH 1		26b. TIME OF	M 1 YE	RY AT K?	-	HOW INJURY OC	CURED		
3 Suicide 6 Could not b determined	e building, atc. (Specify)	At homa, farm, etree	ol, factory, office		26f. LOCATION City or Town	(Street and Number, State)	r or Rurel R	loute Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowleds	ge, death occurred at	t the time, data a	nd place, and dua ith occured at the	to the cause(a) a	nd menner as sta	ited. he cause(a)	and manner as steted.	
296. SIGNATURE AND TITLE OF CENTIFI	Vash	ing		29c. LICENSE NUM				(Month, Day, Year)	
Judy Co 1	VHO COMPLETED CAUSE OF DEATH	nn 40	OFBO	pun St	rect	am	bru	La, MOZICA	
JUL 27 199	3 32. MEGISTRAPS SIGNATU	-Randese		U				0	

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		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGI				
		1. DECEDENT'S NAME (First, Middle, Last)	Hazel L.	Templeto	n		2. DATE OF DEATH	DAY 2	YEAR 3.	TIME OF DEATH	
19		4. SOCIAL SECURITY NUMBER 577-26-7720	1 🗆 M 2 💢 F 💆	E (in yrs. last birthday) O YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	2	BIRTHPL Country) Ma	ACE (State or Foreign ryland	
2, 3 should	COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give at University of Md		nter		or Location of Di		9c. COUNT	y of DEAT		
Pages 1,		10a. STATE 10b. COUNTY Maryland Ho	oward	10c. CI	TY, TOWN OR LOCA					d. INSIDE CITY LIMITS? YES 2 NO	
020 physician. burial-transit permit. Pages		100. STREET AND NUMBER 7687 Kindler Roa	ıd,			of, ZIP CODE 20723				T COUNTRY?	
215-0020 attending physician se as the burial-tra		11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	NIC ORIGIN? (Specify in, Puerto Rican, etc.)		4. RACE — Black, W	American Indian, Thita, atc.	
21 al or for u		15. DECEDENT'S EDUI (Specily only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5 +)	(Give kind of life, Do NOT L	S USUAL OCCUPATI work done during mase retired.)	ON ost of working		Dry Bo		ng Company	
YLA by the be def	BE CON	17. FATHER'S NAME (First, Middle, Last) John Douglas	Lowe			Edna		ward			
	2	Beth Callender		7681	Kindle	r Road, I	aurel, M	aryland	207		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20 METHOD OF DISPOSITION 1.A Burlal 2 Cremetton 3 Remo	P F	OF CONTROL	o'I'ficCeme	tery	7/12/93	Brentw		Maryland	
		22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, 11800 New Hamp- shire Ave., Silver Spring, Maryland 20904 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete									
in 24 fille ely fille ation,		23. PART / Enter the diseases, or of shock, or heart feiture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on	tra cereb	hal -		-	apiratory arrea	it,	Approximete interval Batween Onset and Death	
BOX 68 sate be execute hysician and or prior to buria	RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		A CONSEQUENCE O							
O = 5 - 0	CERT	resulting in death) LAST	l								
RECORD: v requires that the been signed by the it of Health and M	AN: MEDICAL	PART II. Other algnificant condition	n contributing to death	but not resulting	In the underlyin	g ceuse given in		AN AUTOPSY ORMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
et et e	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	itpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (Che					
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St 128 Is marked, or It	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY 28c. IN.	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCU	RED		
DIVISIO DIPECTOR: Aff bours after de	ETED I	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, pecify)	atraat, factory, offic	:a	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route	Number,	
DIV DIV DIRECTORES	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my kno R: On the basis of examinat	wiedga, daeth occur ion and/or investigati	on, in my opinion, c	and placa, and dua feath occured at the	to the cause(s) and n	nenner as stated.	;ause(s) an	d manner as stated,	
A PAR	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Losan	when	ny	29c. LICENSE NUM D 2328	1BER	29d. DATE S	IGNED (MO	onth, Day, Year)	
8		31. DATE FILED (Month, Day, Year)	ent / U	DMD	2259	freene.	St. Sa	lhur	MI	21201.	
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O . V	PHYSICIAN:
MISION OF VITAL RECORDS, P.O. BOX 68760	The A TENDING PHYSICIAN: The law requires that the death certificate be executed with
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		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Linst)	7 TOR	RES.	Duana B.	Torres	2. DATE O		3. TIME OF DEAT	H H	
	1		5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DATE O	BIRTH DUL 31	a. BIRTHPLACE (State or Fo	oreign	
3 should		9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOWN C	R LOCATION OF	DEATH		Nicaragua COUNTY OF DEATH		
1, 2, 3	TOR	Washington Advent	ington Adventist Hospital Takoma Park / Mou								
Pages	DIRECTOR	10e. STATE 10b. COUNTY	. 01		, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
permit. Pages 1, 2,		Maryland Prince	e George's	Hya	ttsvill	. ZIP CODE		10g. (1 YES 2 XNO		
tts:	FUNERAL	1825 Keokee Stree				20783			Nicaragua		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	2 NO Spe	ican, Puerto Ri	CORIGIN? (Specify Yee or No—Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify:			
1215 or atten	TED	15. DECEDENT'S EDUCA (Specify only highest grade or	empleted)	16e. DECEDENT'S (Give kind of v	USUAL OCCUPATION OF MORE MANAGEMENT OF THE MORE MORE MORE MORE MORE MORE MORE MOR	M		KIND OF BUSINESS			
AD 2 ospital of	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal			0	wn Home			
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, Middle, Last) Concepcion	Torr	96		18. MOTHER'S Estams		ddle, Malden Sumam			
MARYLAND 212- retained by the hospital or att 5 should be detached for use notified at once.	TO BE	19e. INFORMANT'S NAME (Type/Print)			AODRESS (Street e			r, City or Town, State,	Herrera Zip Code)	-	
Be be be		Maria Garcia (Da	ughter)	Same a		ma of		Too Location			
MOR ge 6 m lirector,		1 Denetion 5 Other (Specify)	al from State Cer	netery, cremetory or of Suburban	her place)		1	OATE 20c. LOCATION — City or Town, State 7–13 Silver Spring, MD			
BALTIMORE, tours after death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LICE	26/	M00827	Rapp 933 G	ist Ave	Servi , Silv	ces, P.A er Sprin	q. MD 20910		
within 24 in mpletely fille cremation, vent, the		3. PAPT I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that ceuse st only one ceuse on e	d the death. Do nech line.	ot enter the mo	de of dying, s	O CONTRACTOR	ec or respiratory	Approximinterval Be Onset end	etween	
P.O. BOX 68 th certificate be exect ending physician and if Hygiene prior to but or other traumatii	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF	- 1	eg on	A	fech	1		
RECORI v requires that the been signed by t. of Health and shows any is	MEDICAL	PART II. Other aignificent conditions	contributing to death b	out not resulting i	n the underlying	cause given		244. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR	TO	
VISION OF VITAL ATENDING PHYSICIAN: The law STOR: After this certificate has after death with the State Dep	SICIAN:		IOSPITAL:		OTHER:	ACE OF DEATH					
ISSION OF VITA INTENDING PHYSICIAN: The STOR. After this certificate his after death with the State D S is marked, or item	PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TiMi				Specify) RIBE HOW INJURY	OCCUREO		
ON OI DING PHYS After this death with	B	1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY		M 1 🗆 Y	ES 2 NO	2011221	2001			
VISION FITENDING HETTOR: After after death	ETED	4 Homicide B Could not be datermined	building, etc. (Spec	city)	reet, factory, orner		City or	Town, State)	ber or Rural Route Number,		
2 2 2 2	COMPLE		N: To the best of my know						stated. the cause(a) and manner as st	lated.	
To The Part of The	TO BE C	29b. SIGNATURE AND TITLE OF CHARGE	w)		29c. LICENSE N	UMBER 7006	2 29d. D	DATE SIGNED (Month, Day, Year) $7 - 12 - 9$	3	
2		30. NAME AND ADDRESS OF PERSON WHO	SHNID	111 51	RING	85,5	SILVE	resple.	MG, NO. Za	2910	
		JUL 1 3 1993	37. REGISTRAP'S SIGN	7 thates					(

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE INCRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE TAKERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	DEC NO

50 22001	AL HYGIENE REG. NO.	EALTH AND MENT	T OF H	RTMEN	ND / DEP	MARYLA	STATE OF I	FOR STATE REGISTRAR	
3. TIME OF OEATH	TE OF OEATH	(C) 2. DA	HOMA					DECEDENT'S NAME (First, Middle, Last)	
193 0745 W	DAY 199	NAS JE		7		I	SIE	JESS	
8. BIRTHPLACE (State or Foreign	E OF BIRTH	IF UNDER 24 HRS. 7. DA	R 1 YEAR	y) IF UNDE	n yrs. lest birthde	6. AGE (In	5. SEX	SOCIAL SECURITY NUMBER	
Pennsylvania	11, 1931	HOURS MIN. Apr	DAYS		62 YRS	F (1 🗆 M 2 💢 F		ĺ
WICOMICO		R LOCATION OF DEATH	CAL CEN		FACILITY NAME (If not institution, give stre ENINSULA REGIONAL	HC H			
	10c, COUNTY								
10d. INSIDE CITY LIMITS? 1 M YES 2 NO			on Locati ngier		10c. (ccomack		DIRECTOR
ITIZEN OF WHAT COUNTRY?	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUN West Ridge Rd (P O Boy 210)								¥
U.S.A.	10e. STREET AND NUMBER West Ridge Rd. (P. O. Box 219) 10f. ZIP CODE 23440 10f. ZIP CODE 10g. CITIZE 23440 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 VES 2 X NO 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No— 14) 14. North Marital STATUS 15. North Marital STATUS 16. North Marital STATUS 17. North Marital STATUS 18. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yea or No— 14) 19. CITIZE								
14. RACE — American Indian, Black, White, atc. Specify: White	JIN? (Specify Yea or No	11. MARITAL STATUS 1 Never Married 2 Married							
	6b. KIND OF BUSINESS/INDU	N 1	CCUPATIO	'S USUAL C	16a. DECEOEN		CATION	15. OECEDENT'S EDUCA (Specify only highest grade of	
		st of working	auring mos	of work done use retired.)	life. Do NO	5+)	College (1-4 or 5	Elementary/Secondary (0-12)	COMPLETED
	Restauran			r	Manage			S. Graduate FATHER'S NAME (First, Middle, Last)	₹ I
	t, Middle, Malden Surname)							muel Lynn	
Zin Carde)	untser Imber, City or Town, State, Zip C	Ruth Mo	S (Street at	NG ADDRES	19b, MAIL			INFORMANT'S NAME (Type/Print)	8
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- Cify or Town, State	ATE 20c. LOCATION — CI		SITION (Nar	E OF DISPO	PLACE AND DAT	20b. P		METHOD OF DISPOSITION Burlel 2 X Cremation 3 - Remove	
ury, MD 21801	Salisbur	cy = 7/15/93	mator	y Cre	ilisbur	Sa		Donation 5 - Other (Specify) _	
	uneral Home		adsh	Br		gr.	al 1	RObert H. Brad	- 1
MD 21817	Crisfield,	Main St de of dying, such es c	the mod	not enter	the deeth. D	that ceused t	omplicatione the	PART i. Enter the diseases, or co	
intervel Between Onset and Deeth		- Ca		_	ch iine.	ceuse on eac	list only one cer	shock, or heart fellure. Li MEDIATE CAUSE (Fine) ease or condition pulting in death)	()
		000	00 10 1		CONSEQUENCE				
				OF):	CONSEQUENCE	TO (OR AS A C	DUE TO	quentielly list conditions, b.	NO
								iny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury	CERTIFICATION
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DF OEATH?	1 TYES 25 NO								PHYSICIAN: MEDIC
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	one)	ACE OF DEATH (Check only		OTHE			HOSPITAL:	WAS CASE REFERRED TO MEDICAL EXAMINER?	5
		5 Residence 6 C	rsing Home	4 🗆 Nu			1 inpatient 2	1 YES 2 NO	IXS
CCURED	EȘCRIBE HOW INJURY OCCU	RK?	28c. INJU WOF	IME OF NJURY M		Day, Year)	28a. DATE OF (Month, E	Natural 5 Pending	
er or Rural Route Number	M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Route Number,							Accident Investigation Suicide & Could not be	BY
,	4 Homicide detarmined building, etc. (Specify)							COMPLETED	
ated.	ause(a) and manner as stated	and place, and due to the	time, data	rred at the t	dge, death occ	of my knowler	CIAN: To the best of	CERTIFIER (Check only	7
the cause(s) and manner as stated.									No.
ATE SIGNED (Month, Day, Year)	29d. DATE	29c, LICENSE NUMBER				Λ	ΛΛΛΛ	SIGNATURE AND TITLE OF CERTIFIER	
7/15/93	7 > 7	D 2050				リ		Momo	H O
m	AUSRILLE	St S	Lanu		TH (ITEM 27) (7)	AUSE OF OEAT	ASSO	TOSEDA A. GR	-
			V -		TUBE BR	PAR'S SININAT	132. REGISTRA	ATE FILED (Month, Day, Year)	
7/15/93 2 MD	7 7 ALISBURY	St S	iour	oe, Print) CWRK	5 E	143	COMPLETED CAU	TOSEPH A. GR	01

	REGISTRAR	CERTIF	ICATE OF	DEATH	RE	G. NO.				
	JAMES C. W. TAWES, JR.				2. DATE OF DE MONTH		YEAR 3	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG 2 18 - 30 - 1080 1 AM 2 F 9a. FACILITY NAME (If not institution, give street and number)	75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 05-21	Year)	Country)	land		
TOR	Edw.W.McCready Memorial Hosp	ital		or location of t	DEATH	111	omers			
DIRECTOR	MD 10b. COUNTY Somerset	10c, CITY	r, TOWN OR LOCA	sfield				Od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	13 E. Main St.		10	of. ZIP CODE 21817	ing. of their of what country					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	If yes, s	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, aic. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		rork done during m e retired.)	ON ost of working		OF BUSINESS/IND				
MP	H.S. graduate 8 years 17. FATHER'S NAME (First, Middle, Lept)	Exect	utive			int Brus	n Mfg	•		
Ö	James C. W. Tawes				ame (First, Middle, nora Ste	,				
BE	19a. INFORMANT'S NAME (Type/Print)	19h MAII ING	ADDRESS /Street	and Number or Rural		2				
2	James C.W. Tawes, III (son			57 - Bux			Code)			
	20a. METHOD OF DISPOSITION	0b. PLACE AND DATE O				27920 20c. LOCATION — C	City or Town	State		
	y Burian 2 Cremation 3 Hamoval from Stata	emetery, cremetory or oth unnyridge	her plece)		1	Crisfie				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ralul N. Buch		22. NAME A	ND ADDRESS OF F	ACILITY		Crisf	ield, Md.		
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF));	da of dying, su	ch aa cardlac o	reapiratory arre	est,	Approximate interval Between Onest and Death		
MEDICAL	PART II. Other algorificant conditions contributing to death Whose factor of the state of the s	the of	guer	11	,	MS AN AUTOPSY ERFORMEDT YES 2 NO	AM CO OF	ERE AUTOPSY PINDINGS ALL ABLE PRIOR TO MAPLETION OF CAUSE DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY POSPITAL:	,		CE OF DEATH (C)	teck only one)					
IXSI	1 YES 2 NO 1 Input 2 EN/Out	tpetient 3 DOA	-	e 5 🗆 Residence	6 () Other (Speci	NI				
	1 Natural 5 Pending (Month, Day Year)	28b. TIME	RY WO	URY AT PRK? PES 2 NO	284, DESCRIBE	HOW INJURY OCC	URED			
TED BY	2 Accident Investigation 3 Suicida 6 Could not be determined Determined	IY — At home, farm, str sofy)			28f. LOCATION (City or Town	Street and Number of Street	or Rurel Route	ei Alumbiec		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinests	wiedge, danth occurred on and/or inventigation.	f at the lime, data , in my opinion, d	and place, and due	to the cause(a) as	nd manner as state	d. cause(a) ag	d manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF GERTIFIER	- M	1	29c. LIGENSE HUI	2/9	29d, DATE	SPENJED MIC	11. Agy, yar) 3		
	bo. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI Dr. James Sterling, Main St	., Crisfie	eld, Md	21817			1	1111		
	31. DATE FILED (MONTH, Day, Ybar) JUL 2 0 '93 Suhie Jewistran's Sign									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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James C. N. Takes Lenora Sterling

James C. N. Takes Sunnyridge Lenorial Fars 7/20/93 Crisfield, FU 21017

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MARKET BERS W.

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32. REGISTBAR'S SIGNATURE
Suna Davidson

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31. DATE FILED (Month,

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	1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lust)				1.2					OF DEATH			3. TIME OF DEATH
	James Winborn	rne Trueblood, Jr. July 14 1993 8:00										8:00 P m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH 2. BURTHDI ACE (State of										PLACE (State or Foreign	
	577-40-0047	1 🔀 M 2 🗌 F	1 ⊠ M 2 □ F 73 YRS. MONTHS DAYS HOURS MIN. OCT. 28, 1919 N									Nor	th Carolina
	9e. FACILITY NAME (If not institution, give s.	LTY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH		
8	Physicians Memorial Hospital LaPlata Charles										c		
5											5		
DIRECTOR		vland Charles Indian Head									10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	100. STREET AND NUMBER 4990 Abell Lane	EET AND NUMBER 101, ZIP CODE 109, CITIZEN OF WHAT COUNTRY?									HAT COUNTRY?		
FUN	11. MARITAL STATUS 1 Never Married 2 Norried	12. WAS OECEDEN FORCES? 1	X YES 2 1	RMED	13.	WAS OEC	ENDENT O	F HISPAN	ItC ORIGIN	i? (Specify Ye	o or No-	14. RACE	American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TES	2 NO	Specify		mount, orday		Specif	
	15. DECEDENT'S EOUR (Specify only highest grade	CATION completed)	(G	CEDENT'S	vork done	during mo	ON at of workin	17	16b	. KINO OF BU	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	. Do NOT us	e retired.)			-		Deal	Datat	- Co	
₹	12		Ma	inte	lanc	e En				Real		le CC).
	17. FATHER'S NAME (First, Middle, Last)	. 3								Middle, Malden			
BE	James W. Truebloo	oa, sr.						-	4	ah Par			
2	Catherine Virgin:	ia Truebl								ber, city or Tow Head,)
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE / Cametery, cre	AND DATE	of DISPO	SITION (Na	me of	~om	7_1	20c. LO	cation –		
	21. BIGHATUPE OF FUNERAL SERVICE LIG	(MSEE	Cilica	muxe		-						ACII,	עויז
	North M. (Swit	Wh M0005	3							e, Inc		20604	I-0156
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that	caused the de	ath. Do r					-				Approximete
	IMMEDIATE CAUSE (Final disease or condition	List only one cau	T +	. //		-0		,	0				Interval Between Onset and Death
	reaulting in death)	n. DUE TO	OR AS A CONSE	OUENCE O	yn	un	7 +	w	m				4 aug
_			CNP	D -	- (- 111	-11		_				1/1m
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE OF):	5	TIV.	Por					1
CAI	cause. Entar UNDERLYING	n.				V	/						/
Ē	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF):								1
Ë	resulting in death) LAST	1											
A L	PART ii. Other significent condition	s contributing to	deeth but not r	esulting	n the u	nderlying	g ceuse g	iven in i	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC									_		N. C.		OF DEATH? 1 YES 2 NO
=									-				1 125 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DI	EATH (Che	ck only on	e)			
Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE!		e 5 □ Re	eldence	0 Cthai	(Prooffs)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	T		CRIBE HOW I	NJURY OCC	URED	
	1 Netural 5 Pending	(Month, Da	ly, Year)	INJ	URY		RK? 'ES 2	NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF	NJURY — At ho	me, term, s	treet, fac				28t, LOC	ATION (Street o	and Number	or Rural Ro	oute Number
E	, 4 Homicide determined	building,	Mc. (Specify)						City	or Town, State)	//		
2	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	d at the t	time, date	end plece.	end due	to the ceu	se(e) end mer	ner ee stat	ed.	
COMPLET	one) 2 PEUCAL EXAMINE												end menner ee stated.
Ŭ U	29b. SIGNATURE AND VITLE OF CERTIFIER		Ω	111	-		29c. LICE						Month, Day, Year)
0	100	14/	Q XV	NA				2975			DATE	7- 1	F G Z
2	30 NAME AND ADDRESS OF DERSON WAS	200101					ט ע	<u> </u>			- 1	/-	5-70

MD, Pembrooke Sq., #104, Hgy. 301 So., Waldorf, Md.

20603

3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

XXYES 2 NO

White

Baltimore City

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

14. RACE — American Indian, Black, White, atc.

9c. COUNTY OF OEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JUL

5. SEX

EHHA

4. SOCIAL SECURITY NUMBER

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IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year a DAYS HOURS 1 M 2 F 9 -YRS permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR/LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. CQUNTY 10c. CITY, TOWN OR LOCATION (Kent)2 Rock Hall FUNERAL 104 STREET AND NUMBER 101. ZIP CODE use as the burial-transit 21216 Rock Hall Ave hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during maile. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William H. Clothier BE Ruth Middleton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Oliver Townsend 21216 Rock Hall Ave. 90 20e. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Real
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of DATE must ertificate has been signed by the attending physician and completely filled in by the funeral director, the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Cemetery 7/10/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows-Wells Funeral Home 413 High St., Chestertown, MD the medical 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition executed within resulting in death) traumatic event, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING the death certificate be with CAUSE (Disease or injury MILLE other 1 that initiated events DUE TO (OR AS A CONSEQUENCE OF resulting in deeth) LAST 0 in uny, PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? OR ATTENDING PHYSICIAN: The law requires that shows any 1 | YES 2 2 16 23 25. WAS CASE REFERRED TO MEDICAL EXAMPLE 17 1 YES 2 NO 26. PLACE OF DEATH (Check only one) Itеm FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State OTHER: tient 3 D DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27, MANNER OF DEATH 25c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 93 ВУ 1 YES 2 NO 3 Suicide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide COMPLET Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. THE HOSPITAL = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. IMPORTANT: 29b. SIGNATUJE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER THE 2 3 2 30. NAME WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE GUNE DANGES PANCELLE '93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TOWNSIEND

8. AGE (In yrs. lest birthday)

Rock Hall, MD 21661 20c. LOCATION - City or Town, State Chestertown, MD Approximete interval Between Onset and Death men Day 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Month, Day, Year) 7/7/93 DHMH-16 Rev 1/89

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DENCE OF DECEDER ATE 10b. C TY1and F1 REET AND NUMBER 2 N. Church RITAL STATUS EVER MARTING 4 MAINTER 15. DECEDENT (Specify only highes) METHOD OF OISPOSITION TITAL STATUS PER S NAME (Type/Print The Todd THOD OF OISPOSITION TITAL STATUS NATURE OF FUNERAL SERV.	1 M 2 F D, give street and number) St., Apt. #2 NT COUNTY rederick St., Apt. #2 12. WAS DECEDENT E FORCES? 1 F IF YES, GIVE WAR SEDUCATION It grade completed) College (1-4 or 5+) N/A Dris Removal from State	PEVER IN U.S. AR YES 2 1 R OR DATES 16a. DE G Me. S Odd 199 20b. PLACE comology, cro Smith	PRINCE STATE OF DESIGNATION OF THE PRINCE	Thurr Thurr Thurr Town or Lo Irmont Is was i If yes, I y Adoccupy doe during In DRESS (Stre Tett ISPOSITION Place) 22. NAME Robel 615 I	HOURS MINOR LOCATION OF MONTH TO THE PROPERTY OF HIS APPOINT OF HIS APPOINT OF WORKING TO THE PROPERTY OF HIS APPOINT OF HIS AND ADDRESS OF TE. Date of Main	SPANIC ORI	GIN? (Specify to Rican, atc.) Carpetal Middle, Maio umber, City or 13 ton, 13 ton, 13 ton, 14 ton, 25 St. & Son Thurmon	1949 Sc. COUNTY Free 10g. CITIZ U.S Yea or No- BUSINESS/INDU t Sales fon Surname) Town, State, Zip of Del. 19 LOCATION - Comithsbu	BIRTHPLACE Country) Pennsy TY OF DEATH derick Ind. Ind. Ind. Ind. Ind. Ind. Ind. Ind	merican Indian, ia, etc. ner ner
2-34-4142 CILITY NAME (If not institution 2 N. Church DENCE OF DECEDER ATE 10b. C TYLAND F1 REET AND NUMBER 2 N. Church RITAL STATUS EVERY Married 2 Married 15. DECEDENT (Specify only highes) MORTHAL STATUS EVERY MAME (First, Middle, Le DENT MC FORMANT'S NAME (Type-Print The Todd The Todd THOO OF OISPOSITION ATTAL SERV ANTI-Enter the diseases shock, or heert fe DIATE CAUSE (Final Be or condition	st., Apt. #2 St., Apt. #2 NT COUNTY rederick St., Apt. #2 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR SEDUCATION It grade completed) College (1-4 or 5+) N/A STIPLE TO	20b. PLACE Complete C	PRINCE OF DESIGNATION OF THE PRINCE OF THE PRI	Thurr OWN OR LO ITMON 13. WAS I It yes, I U ORESS (Stre- Crema 22. NAME RODEI 615 I	HOURS MINOR LOCATION OF MONTH TO THE PROPERTY OF HIS APPOINT OF HIS APPOINT OF WORKING TO THE PROPERTY OF HIS APPOINT OF HIS AND ADDRESS OF TE. Date of Main	ISPANIC ORITH ISPANIC ORITH ISPANIC ORITH ISPANIC ORITH Exicen, Puerl Exicen	GIN? (Specify to Rican, atc.) Carpeta, Middle, Maidumber, City or 13 ton, 1 atc. ATE 20c. Son Thurmo	1949 sc. COUN Free 10g. CITIZ U.S Yea or No— BUSINESS/INDU t Sales fon Surname) Town, State, Zip Del. 19 Location—c mithsbu Funera	Country) Pennsy TY OF DEATH derick 10d, 1 1, 1 1. TEN OF WHAT CO. 14. RACE - An Black, Whits Specify: White Ustray 8802 14. Of the control of the contr	NSIDE CITY LIMITS? YES 2 No COUNTRY? The refresh Indian, ta, atc. Md. SS, P. 13
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Natural 5 Pending	(Month, Day,	Year)		M 1	WORK? YES 2 NO		DESCRIBE HOV	W INJURY OCCU	JRED	
o Could to	building, etc.	c. (Specify)	me, term, street	t, factory, of	offica				er Runsi Route Nu	umber,
ock only 1 CERTIFYING	PHYSICIAN: To the best of my AMINER: On the basis of exam	y knowledge, de mination and/or i	eth occurred at Investigation, in	the time, d	dete and place, and n, death occured at	due to the	cause(a) and n	nanner ea state	d. cause(s) and n	nanner se ster
Uh.C	14/184	CHA	5 no	D	D35	MUMBER 518	3	29d. DATE	SIGNED (Month)	1994. Year)
A/: 5.	A Fronk	OF GEATH STEN	300 June 1		9th 9	5+	Fre	der	ick	147
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First	I, Middle, Last)								2. DATE OF	F DEATH DA	i.	WE40	3. TIME OF DEATH
	Joseph	С.	Tracy	V						_ 7	_	4	93	2:05 am
	4. SOCIAL SECURITY NUMI		5. SEX		rs. last birthday)	IF UNDER 1 YE		IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
3	042-03-4897 18 M 2 F 91 YAS. 3/26/02								necticut					
Œ.	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								ATH					
: 12	Egle Nursing Home Lonaconing, MD Allega							any						
BEC	10e STATE 10h COUNTY							10d. INSIDE CITY						
	Va.	Va. Giles Ripplemead								LIMITS? XX YES 2 \(\sqrt{N}\)				
FUNERAL D	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNER	Rt1 Box	90					24	134	+			Į	JSA	
Ē	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS DECEDEN FORCES? 1	CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO If yes, specify Cuben, Mexicon					NIC ORIGIN? (Specify Yee or No- 14. RAC			14. RACE	- American Indian, White, etc.	
à là	3 ☑ Widowed 4 ☐ Divo		IF YES, GIVE W	VAR OR DATE	S	1 ☐ YES 2 🖾 NO Specify:							Specify	<i>y:</i>
	15. DEC	EDENT'S EDU	CATION	16	. DECEDENT'S	LISUAL OCCU	BATION				White 186. KIND OF BUSINESS/INDUSTRY			hite
	(Specify onl	y highest grade	completed) College (1-4 or 5 d		(Give kind of	d of work done during most of working OT use retired.)			180. K	IND OF BUS	INESS/IND	JUSTRY		
릴	10	,	0	,	Servi	eman				0	il C	Ο.		
COMPL	17. FATHER'S NAME (First, M	liddle, Last)					1	IS. MOTH	IER'S NAN	E (First, Mid				
· · ·	Wilbur	Tracy						Sus	an	Ch	urch			
TO BE	19e. INFORMANT'S NAME (19b. MAILING	ADDRESS (St						n, State, Zip	Code)	
De no	Wilma Mar		per		Rt3,E	Sox 37	772	, C	ak1	and,	Md.	2155	0	
must b	20e. METHOD OF DISPOSIT 1 Burlei Cremetic	n 3 🗆 Rem	oval from State	20b. PL.	ACE AND DATE Or y, crematory or o	OF DISPOSITIO	N (Name	e of		DATE	20c. LO	CATION —	Cify or Tow	rn, Stata
taminer must be notified at once. TO BE COMPLETED	4 Donetton 5 Other 21. SIGNATURE OF FUNERA			Om	os Cre	mator					Win	ches	ter	. Va.
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exa.	Jana	Mel	en			Lor	120	oni	no l	Md '	2153	Q		Tome
n. or removal.	IMMEDIATE CAUSE (Fir	aart janute.	Complications that List only one cau	t causad th	a death. Do r	ot antar tha	moda	of dyi	ng, such	as cardia	C Dr raspii	ratory arr	est,	Approximata Interval Between Onsat and Dasth
Health and Mental Hyglene prior to burial, cremation. WAS any Injury, or other traumatic event, the MEDICAL CERTIFICATION	disease or condition	→	a. 120	ma	e Fo	ulu	re	>						17 days
ever			DUE TO	(OR AS A CO	NSEQUENCE OF): ((-					4		43
Hygiene prior to burial, cremation, or other traumatic event, the ERTIFICATION	Sequantially list conditi		. Certeric	محركم	NSEQUENCE OF	Care	dic	va	مص	lar	Dis	eas	e	years
ntal Hygiene prior to buri ry, or other traumatic CERTIFICATION	if any, leading to immediates. Enter UNDERLY	NG	DOE TO	(OH AS A CO	M2EGOENCE OF	-):								3
ther p	CAUSE (Disease or Inju	ry S	C. DUE TO	(OR AS A CO	NSEQUENCE OF):								
0 2	resulting in death) LAS	T	d											
S S	PART II Other significa	nt condition		dien bei										
shows any injury, MEDICAL CE	PART II. Other significa	on condition	s contributing to	death but r	1Dt resulting i	n tha under	lying c	ause g	iven in F	art i. 24	PERFORI		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
KS ag										_ 1	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
2 20										- [1	T YES 2 NO
n 23	25. WAS CASE REFERRED TO	O MEDICAL				0.0	DI AC	E OF PE	ATU 404					
State Dept.	EXAMINER?		HOSPITAL:	FR/Outeral	w 3 D DO4	QTHER:				k only one)				
스 등 표	27. MANNER OF DEATH		28s. DATE OF	INJURY	28b. TIM	4 Nursing	INJUR			Other (S	-	ILIBY OCC	TIDED	
s marked.		Pending Investigation	(Month, Da	ay, Year)	INJ		WORK'	7 2 🗌				30111 000	ONLO	
# Q	2 Sulpido	Could not be	28e. PLACE OF	F INJURY — A	It home, tarm, a		_			281. LOCATIO	ON (Street ar	nd Number	or Rural Roi	ute Number,
특성 변		determined	ounding,	etc. (Specify)						City or 1	lown, State)			
Item PLE	29e. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the beat of	my knowledge	e, death occurre	d at the time,	data and	d place.	end due t	the causei	e) end men	ner ne etete	ud	
AMTE II III	one) 2 MEDI	CAL EXAMINE	R: On the basis of ex	amination en	d/or investigation	n, in my opinio	n, deati	h occure	d at the ti	me, date an	d plece, end	due to the	n cause(e) (end menner ee atated.
E C	296. SIGNATURE AND TITLE								NSE NUME					Month, Day, Year)
€ 5 W	Form	les	m))				D	07	00	4	D 7	1/14	193
2 = 2	30. NAME AND ADDRESS OF			E OF DEATH										
5	LIR. MIL	ES,		D.	57 JA	ackso	N	ST	. L	ONA	CONI	NG	M	D
	31. DATE FILED (Month, Day,	993	REGISTRA	R'S SIGNATUE	RE .									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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OF MERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

July Deut Ann Manches

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last WHITNEY HITWE 2. DATE OF DEATH 3. TIME OF DEATH MYRON 67 3 A SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR IF UNDER 24 HIS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) SEPT. 14, 1 X M 2 D F 179-01-6523 191 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON RESIDENCE OF DECEDENT FUNERAL DIRECTOR ADVENTIST YOUTGON 10b. COUNTY 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15419 BASSETT 20906 USA LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian Black, White, atc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puarto Ri BY IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify 3 ₩ Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) MANUFACTURERS REPRESENTATIVE 4 SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **EDDY** RUSSEL WHITNEY ABBIE MAY BE PEASE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MYRON E. WHITNEY, JR. 2173 EAST 6th STREET, ST. PAUL, MINNESOTA 55119 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata OATE METROPOLITAN CREMATORY 7/13 ALEXANDRIA, VA 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC.
500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failura. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Ventercular laducardo resulting in death) DUE TO (OR AS A CONSEQUENCE OF simen CERTIFICATION Sequentially list conditions, If any, leading to immedista 1 pilosas cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS Ei AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 8 | Other (Specify) 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending 1 YES 2 NO ВУ 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do cured at the time, data and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	RECTOR: After this certificate has been signed by the attending physician and completely filled in by
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF H	HEALTH AND		YGIENE EG. NO.	
Ö	1. DECEDENT'S NAME (First. Middle, Las	"K.	Wats	For	Jr.	2. DATE OF I	DAY	Z 3. TIME OF DEATH
9	4. SOCIAL SECURITY NUMBER 577 05 1472	%-X-14X2□F 8	34 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	-09 W	EIRTNPLACE (State or Foreign Country) ASHINGTON, D.
TOR	9a. FACILITY NAME (If not institution, given by a Shington) RESIDENCE OF DECEDENT				on Location of D		1.11	tgomery
DIRECTOR		ontgomery		akoma	Park,			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 1115 Holton				1. ZIP CODE 2091		U	N OF WHAT COUNTRY?
BY FUNI	1 Never Married 2 Married 3 Widowed 4 Worced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, ap	CENDENT OF HISPA pecify Cuban, Maxic 5 2 NO Speci	en, Puerto Ricer		. RACE — American Indian, Black, White, atc. Specify: WHITE
LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Coflege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of word life. Do NOT use r	k done during mo etired.)	ON ost of working		D OF BUSINESS/INDUS	TRY
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		PAINTER			AME (First, Middle	DERAL GOVE s. Maiden Surname)	RNMENT
TO BE	JACOB WATSO				and Number or Rural		ity or Town, State, Zip Co	
	JOHANNE M. HOLME 20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20	8658 E. Db. PLACE AND DATE OF I	DISPOSITION /Na	ame of	DATE	DALE, ARIZ	
	21. SIGNATURE OF FUNERAL SERVICE I	De Canal	AIRVIEW L	FRANC	IS J. CO	CILITY LLINS E	TUNERAL HO	
ERTIFICATION	Sequentially list conditions, if any, ladding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	107	Cuel	192	worker	8
: MEDICAL C	PART II. Other algnificant condition	ons contributing to death	but not resulting in t	tha underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDII AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (Ch			
ву Рну	27. MANNER OF DEATH Naturel 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO	URY AT PRK? YES 2 NO		BE NOW INJURY OCCUP	REO
ETED 8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY	Y — At homs, term, stre- ecily)	et, factory, office	•	281. LOCATION	N (Street and Number or wn, State)	Rural Route Number,
COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of my know VER: On the basis of examination	wiedge, death occurred a on and/or investigation, i	n my opinion, d	and place, and due	to the cause(s)	and manner as stated.	suse(a) end manner as stated
BE (29b. SIGNATURE AND TITLE OF CERTIFI	ER O			29c. LICENSE NUI			GNED (Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON W	TNO COMPLETED CAUSE OF OI	EATH (ITEM 27) (Type, Pri	nt)	DOB 15 Cau	C 145	0123	26-126
	31. DATE FILEO (Month, Day, Year) JUL 1 6 1993	July Davidson-V	mature ste	000		-20	MUE	Fac IWS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR		CERTI	FICALE (JF DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lass GLENN MAI	ek William				07 15	- 9	3. TIME OF DEATH 9:2/ A.M.	
Pin		4. SOCIAL SECURITY NUMBER 053-46-7161	1 💢 M 2 🗆 F	(in yrs. last birthday	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 8, 19		BIRTHPLACE (State or Foreign Country) NEW YORK	
2, 3 should	G R	90. FACILITY NAME (If not Institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH HOLY Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT								
1,	ည္မ	10a. STATE 10b. COU		100.0	ITY, TOWN OR L	OCATION				
permit. Pages	L DIRECTOR		tgomery		lver S			T	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
135	NERAL	310 Dennis Aven				20901		Unit	ed States	
AND 21215-0020 he hospital or attending physician. betached for use as the burial-transit once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 XNO	If ye	DECENDENT OF HISPA I, specify Cuben, Mexica YES 2 NO Specif		e or No— 14	. RACE — American Indian, Black, White, etc. Specify: Black	
r attend	品	15. DECEDENT'S E (Specify only highest gra		16a. DECEDENT	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUS		
D 21 spital or ed for u	APLET	Elementary/Secondary (0-12)	Waiter		g most of working	Hotel	Management			
at be if	E COMP	17. FATHER'S NAME (First, Middle, Last) Gordon MacDouga	al Williams			18. MOTHER'S NA	ME (First, Middle, Maiden			
MAR retained 5 should	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG AOORESS (St	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)	
ay be rel page 5 :	F	Valerie Williams	20	201		st, #10C	7		10010	
AOF e 6 m rector,		1 Buriel 2 Commetion 3 Re 4 Densition 5 Other (Specify)	emoval from State	Suburba	n Crema	atory	7-16 Si		pring, MD	
ALT death. e funera al.		Il. SIGNATURE OF PUNERAL SERVICE	B. Chl	M00827	Ra		Services, Silver S		MD 20910	
within 24 hours pletely filled in I cremation, or re-		23 PAPI I. Enter the diseases, o ehock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List only one cause on a	esch Ilne.	not enter the	mode of dying, such	h ae cardiec or reep	Iratory arrest	Approximate Interval Between Onset and Death	
P.O. BOX 6870 h certificate be executed anding physician and con Hygiene prior to buriat, or other traumatic en	CERTIFICATION	Sequentielly liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkileted events resulting in death) LAST	· Prmis	A CONSEQUENCE Cuy S A CONSEQUENCE	li (Carini	nompro	2		
	8		d							
ires that the signed by the lealth and M ws any inju	V: MEDICAL	PART II. Other significent conditi	ons contributing to deeth t	out not resulting	in the under	ying ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO	
F VII AL. SICIAN: The law certificate has to the State Dept , or Item 23	N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF OEATH (Ch	eck only one)			
CIAN: THE State or Ite	Sic	1 TES 2 A NO	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 - Residence	6 ☐ Other (Specify)			
를 돌돌 C	BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	93 9 II	ME OF 28c	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
2 g	- 11	3 Suicide 6 Could not b	e PLACE OF INJURY building, etc. (Spe	/ — At home, term cify)	, atreet, factory,	office	26t. LOCATION (Street & City or Town, State)	and Number or i	Rural Route Number,	
HOTTING OF FILLED WITHIN 72 hours	COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of my know NER: On the beele of examination	riedge, death occur in end/or investigat	rred at the time, ion, in my opinic	date end place, end due on, death occured at the	to the cause(e) end mar time, date end place, an	ner as stated. d due to the ca	ause(e) end manner ee stated.	
TO THE HONE TO THE FUNE be filed within	BE C	29b, SIGNATURE AND TITLE OF CERTIF	20u)			29c, LICENSE NUI	ABER C		GNEO (Month, Day, Year)	
668₹	일	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	1 775	1 (0		ly 15, 1993	
		31. DATE FILED (Month; Pay: Mar)	2 PARTICIPATE	IATURE CONCLOSE		s- Lam	> Ston Da	SING	Silve 8P.	
		JUL 1 6 199	3 Junior Daniel	A sale de la						

e hos	THE WASHALDING AME THE CARLET ME CANTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		PORTAINER II IEM 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

JUL 1 3 1993

J. BEGISTMAN'S SIGNATURE Fishe Davidson-Randisk

	FOR			20	22000
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HE REGISTRAR			E	
	REGISTRAR CERTIFICATE OF I 1. DECEDENT'S NAME (First, Middle, Lest) MARION RAYMOND WOLFE		REG. NO.	187	A THIS OF DEATH
	Marion R. Wolfe		MONTH DAY	Y YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, 1	07-11-		HPLACE (State or Foreign
			(Month, Day, Year)	Coun	(ry)
		LOCATION OF DEATH	12/06/	9c, COUNTY OF	VIRGINIA
Œ					
18	Washington Adventist Hospital Tako	oma Park	, Maryll	and I	<u>Mont,</u>
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	ON			10d. INSIDE CITY
	Maryland Montgomery Silver Sp	orina			LIMITS?
M		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	805 Violet Place	910			USA
ايّ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT	NOENT OF HISPANIC O	RIGIN? (Specify Yes	or No- 14. RAC	E - American Indian, ck, White, etc.
BY		ify Cuban, Maxican, Pu NO Specify:	arto Rican, atc.)	Spec	
	WW II			l whi	ite
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 a) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	of working	16b. KIND OF BUS		
٣	IASSISTANT VICE-P	RESIDENT	SECURITY	& STOR	AGE
COMPLETED	2 AND MANAGER 17. FATNER'S NAME (First, Middle, Lest)		TRANSPOR		
		18. MOTNER'S NAME (F		Surname)	
BE	MARION L. WOLFE 190. INFORMANT'S NAME (TVOS/Print)		. ESKEW		
2	Tak maland aboness (Street and				
	ALMA L. WOLFE 805 VIOLET PLA				
	1 Burial 2 Cremation 3 Removal from Stala cemetery, crematory or other place)			ATION — City or T	
	THE TROFOLITAN CREMA	TORY ADDRESS OF FACILIT	7/12 ALEX	ANDRIA.	VIRGINIA
		S J. COLL	Y INS FUNER	RAL HOME	. TNC
	500 UN	IVERSITY 1	BLVDW.	STL. SPR	,MD.20901
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode ahock, or heart fallure. List only one cause on each line.	of dying, auch as	cardiac or respir	atory arrest,	Approximate
	IMMEDIATE CAUSE (Finel	0 . /		_	Interval Between Onset end Death
	resulting in death) a. CAKDIO VULMONA	RIA	RPES	12	
	DUE TO (OR AS A CONSEQUENCE OF):				
Z	Sequentially list conditions,	IME	LUN	6	
Ĕ	if any, leading to immediate				
<u> 2</u>	cause. Enter UNDERLYING CAUSE (Disease or injury				
Ē	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST				
CERTIFICATION	d				
اتا	PART II. Other algnificant conditions contributing to death but not resulting in the underlying of	cause given in Part	I. 24a. WAS AN A		D. WERE AUTOPSY FINDINGS
MEDICA			PERFORM	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			1 0 1ES 2	A MO	DF DEATH? 1 YES 2 NO
			i i		1 123 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLAC	CE OF DEATN (Check or	nly one)		
Sic	HOSPITAL: OTHER:	5 Rasidence 8			
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJURY 28h TIME OF 28c IN ILIP	RY AT 28d	. DESCRIBE NOW IN	JURY OCCURED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK	(? S 2 □ NO			
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — Al home, farm, streel, factory, office	281.	LOCATION (Street ar	d Number or Rural	Route Number
臣	4 Nomicide determined building, etc. (Specify)		City or Town, State)		
COMPLETED	298, CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of the frowledge death assured to be the	d days and the same	Secretary and	10.00	
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, deat				
	No. Occupation support a parameter		uera and place, and		
BE	Manuelli - M	19c. LICENSE NUMBER	2	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7 4166	6	- 1/10	-173
	SARED KRONPLLIMD 7610 (ARC)	OLL AVI	E TAK	OMA P	K MOZOGO

1,7

m.

TO WE FLYSTA CRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 PIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING	ATE OF DE	LTH AND I	MENTAL HYGIE		0 22001,	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	EDWIN 4. SOCIAL SECURITY NUMBER	Howard		LLIAMS		07	04 9	93 04:20 AM M	
		5. SEX 6. AGE	MC MC		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	163-09-8210 9a. FACILITY NAME (If not institution, give:		89 YRS.	OUTY TOWN OR I		11-12-0		MI)	
Œ	NORTH ARUNDEL H			CT EN D		EATH	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT		CIATION	GLEN B	UKNIE		F	.A. COUNTY	
E	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCATION		-		10d. INSIDE CITY LIMITS?	
	MD Bakt	imore City	Ba	1timore				1 X YES 2 NO	
FUNERAL				10f. ZIP				OF WHAT COUNTRY?	
N N	3501 Woodmoor Rd.	12. WAS DECEDENT EVER I	N U.S. ARMED		1207	IIC ORIGIN? (Specify Y	U.S.		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify	Cuben, Maxica	n, Puerto Rican, stc.)	14 OF NO.— 14	. RACE — American Indian, Black, White, etc. Specify:	
Э ВУ	3 Wildowed 4 Divorced			· · · · · · · · · · · · · · · · · · ·	j ne opocnj		White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of	working	16b. KIND OF B	JSINESS/INDUS	TRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		,					
MO	17. FATHER'S NAME (First, Middle, Last)		Assist C		MOTHER'S NA	Pharma ME (First, Middle, Maide	ceutic	al Co.	
Ö	George	W	illiams		Eleano				
) BE	19a. INFORMANT'S NAME (Type/Print)					L Route Number, City or To	Willi wn, State, Zip Co		
2	Randall F. Wi	lliams	604 Do	ver Rd.	Pasader	na. MD 211	22		
	20a. METHOD OF DISPOSITION 1 TO Burial 2 Cremation 3 Rem		D. PLACE AND DATE OF D	ISPOSITION (Name of				or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII		Loudon Par	k Cemete		7/3 Ba	ltimor	e, MD	
		72		22. NAME AND A		495 Ritchi	o Ib		
_	Det.	dura		Barrance	o FH S	Severna Pa	rk Min	21146	
	,	complications that cause List only one cause on e	d the death. Do not each line.	entar the moda o	of dying, such	h aa cardiac or rea	piretory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	DATE	tine {	holan	aha.	4		Onset and Daath	
	resulting in death)	DUE TO (OR AS	A CONSEDUENCE OF):	7 9001	01100				
z		· Ane	A CONSEDUENCE OF):	ia L	16	10886	le	į	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DOE TO (OR AS	CONSEDUENCE OF):		Sep	Eicen	y a		
있 기	CAUSE (Disease or Injury	U	CONSEQUENCE OF:	O1	¥		•		
Ē	that initiated events resulting in death) LAST	DOE 10 (ON A3 A		Sen					
		a ()	100		-				
Ä	PART II. Other algnificant condition	ia contributing to death b	out not resulting in t	ne undarlying car	use given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă						1 YE\$	2 NO	COMPLETION DF CAUSE OF DEATH?	
Σ						_		1 TES 2 ND	
A I				28 PLACE	OF DEATH (Che	ork early and		L	
_	25. WAS CASE REFERRED TO MEDICAL	1			OF DEATH (Che				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	□ Saaldanaa	0 [Osh (D16.)			
HYSICI,		1 Inpatient 2 ER/Outs 26e. DATE OF INJURY	28b. TIME O	HER: Nursing Home 5 28c, INJURY		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
3Y PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	1 Inpatient 2 - ER/Outs	patient 3 DOA 4	HER: Nursing Home 5	AT		INJURY OCCUR	ED	
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	1 Inpatient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	HER: Nursing Home 5 28c, INJURY WORK? 1 YES	AT		and Number or		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME O	HER: Nursing Home 5 28c, INJURY WORK? 1 YES	AT	28d. DEŞCRIBE HOW 26f. LOCATION (Street	and Number or		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Visture: 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	1 Inpatient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Content of the best of my known	28b. TIME O 28b. TIME O INJURY — At home, larm, stree	FHER: Nursing Home 5	2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State to the cause(a) and ma	and Number or)	Rural Route Number,	
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 318. SIGNATURE AND TITLE OF CERTIFIER	1 inpatient 2 ER/Outs 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Clans) To the best of my know ER: On the best of axamination	28b. TIME O 28b. TIME O INJURY — At home, farm, stree ify) ledge, death occurred at n and/or investigation, is	THER: Nursing Home 5	2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and ma	and Number or a stated.	Rural Route Number,	
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and the second second to the second control of the second control of the second control of the second of the secon	in minimum manufacture and application and completely filled in by the function case is continued by continued and completely filled in by the function case is set the fundamental personal continued and completely filled in by the function case is set the fundamental formation of the continued and completely filled in by the function case is continued as the fundamental formation case is continued as the fundamental fundamental formation case is continued as the fundamental fundamental fundamental formation case is continued as the fundamental fundam	2 hours after the State Description of the Commission of the Commi	If them 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
S COLUMN SON	CHARLES UND	within 72 hours	TANT: If Item
1	TOPPEN.	Y	IMPO

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN			HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle,	Last)		<u> </u>	07112		2. DATE OF DEATH		3, TIME OF DEATH
		Benjamin	Wrigh	h+			MONTH DA		
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	711 1 y 1 4	8. BII	RTHPLACE (State or Foreign
	215-14-1938	17€7M 2 □ F	84	YRS.	MONTHS DA	S HOURS MIN.	(Month, Day, Year) July 6 1	909	untry)
	9a. FACILITY NAME (If not institution,				9b. CITY, TO	VN OR LOCATION OF DI	- VALY	9c. COUNTY O	F DEATH
5	Carroll County General Westminster							Carr	co11
5									
		OUNTY							10d. INSIDE CITY LIMITS?
2		arroll		We	stmir				1 TES 2 NO
	10s. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
	3200 Mail R					21157			U.S.A.
2	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDE FORCES?	YES 2	∑NO	If yes	, specify Cuban, Maxica		8	ACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATE	S	1 '0	YES 2 NO Specif	y:	S	White
9	15. OECEDENT'S	S EDUCATION	18	a. OECEDENT'S	JSUAL OCCU	PATION	18b. KIND OF BU	SINESS/INDUSTR	
	(Specify only highest Elamentary/Secondery (0-12)	College (1-4 or 5	+)	(Give kind of w life. Do NOT use	ork done durin retired.)	g most of working			
	6th grade			Farme	r		Fa	rming	
5	17. FATHER'S NAME (First, Middle, La	st)				18. MOTHER'S NA	AME (First, Middle, Malden	Sumame)	
١	George A. W					Mary	C. Reave	r	
	19a, INFORMANT'S NAME (Type/Print						Route Number, City or Tow		
-	Martha V. W	right					minster,	MD 211	. 57
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3	Removal from State	20b. P1	LACE OF DISPOS her place)	ITION (Name o	of cemetary, crematory or	20c. LC	CATION - City o	r Town, State
	4 Donation 8 Other (Specify		- Ist	Jame		etery	Den	nings,	MD
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE	11			E AND ADDRÉSS OF F		Dir. 1	.212 West
	LOOX	7. 1	Olls	rer					MD 21784
\neg	23. PART I. Enter the disease	a, or complications th	at caused th	na death. Do n					Approximete
Ì	IMMEDIATE CAUSE (Final	llure. List only one co	use on each	n line.					Interval Between Onset and Death
	disease or condition	· Aut	to Q	oulon	i. (Them.			
	resulting in death)	DUE T	OR AS A CO	ONSEQUENCE OF):				
2	Sequentially list conditions,	- Sev	ue "	Sumol	enne	m			
CALICIA	if eny, leading to immediate	DUE T	O (OR AS A CO	ONSEQUENCE OF):				
3	ceuse. Entar UNDERLYING CAUSE (Diseese or injury	- Sep	all.	ONSEQUENCE OF	N.				
	that initiated events resulting in death) LAST	91.	> (ON AS A C.));				i i
		d. NO	Marr	a					
ایا	PART II. Other significant con			not resulting i	n the under	lying ceuse given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	auti al	rlemil 1	Run	•			1 🗆 YES	. 1	COMPLETION OF CAUSE OF DEATH?
MEDIC				/				,	1 - YES 200 NO
SICIAN	25. WAS CASE REFERRED TO MEDI EXAMINER?			,		6. PLACE OF OEATH (C	heck only one)		
5	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHER:	Home 5 - Rasidence	6 ☐ Other (Specify)		
	27. MANNER OF DEATH	28a. DATE ((Month,	F INJURY Day, Year)	28b. TIM	E OF 28 URY	. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	D
5	1 Netural 5 Pending 2 Accident investig				M	YES 2 NO			
5 I	3 Suicide 8 Could to	not be buildin	OF INJURY -	At home, farm,	treet, factory,	offica	281. LOCATION (Street City or Town, State	and Number or Re	ural Route Number,
COMPLEIE	4 Homicide detarmi	Ined	_	_//					
2	(Uneck only	PHYSICIAN: To the Seut	of my knowned	iga, ganth phouri	d at the time	data and place, and du	e to the cause(a) and mi	enner as stated.	
5	one) 2 MEDICAL	EAMPHER: On the basis of	exphightion a	nyalior igreenitgatio	n, in my opin	on, death occured at th	e time, date and place, a	and due to the car	uss(a) and manner as stated.
_	29b. SIGNATURE AND TITLE OF	PETITIEN /	7 /	/		29c. LICENSE NU	JMBER	29d. DATE SIG	INED (Month, Day, Year)
O BE		1 18	ho K	14/4		1037	249	1 7-	-15-93
-	36. NAME AND ADDRESS OF PERS	он мно сомень с	USE O DEAT	H (ITEM 27) (Type	Print)				
	//	7	1						
	31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNAT	URE	70			_	
	JUL	6 '93	gula	Leviden	Monte	<u> </u>			

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	DING	Alle	E
	TEN	問題	28 i
	OR A	DIREC	E
٩	TO THE HIGH ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE PLYERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to make 72 hours after death with the State Dent, of Health and Mental Hollene prior to burial cremation, or removal	IMPORTANT. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	100	FUNE	AHT
d	星	THE W	PORT
	P	23	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
-		ALLAN DAI	LE WAT	TS, III		2. DATE OF DEATH DATE OF 12-11	993 YEA	3. TIME OF DEATH 1805 M
	37 /2	5. SEX 6. AGE (II	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN O	6 18 R LOCATION OF D	7-12-19 EATH	9 G. COUNTY O	MARYLAND F DEATH
DIRECTOR	Holy Cross Hos	pital		Silve	er Spr	ing	MONTGOMERY	
IREC	10e. STATE 10b. COUNTY		100.75	Y, TOWN OR LOCATE				10d, INSIDE CITY LIMITS?
	Maryland Mont 100. STREET AND NUMBER	gomery		Kensing	Sington 101. ZIP CODE			1 ☑ YES 2 ☐ NO
FUNERAL	3918 Hampden St				2089			I.S.A.
BY	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 30NO	If yes, spe	ENDENT OF HISPA Icity Cuban, Mexica 2 X NO Specia	NtC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	8	ACE — American Indian, leck, White, etc. pecify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TtON mpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us N/	VSUAL OCCUPATION work done during most retired.)	N at of working	16b. KIND OF BUS	INESS/INDUSTR	γ
	17. FATHER'S NAME (First, Middle, Last) Allan D. Watts,	Jr.				ME (First, Middle, Maiden :		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street er		Route Number, City or Town):
F	Denise R. James 20a. METHOD OF DISPOSITION					et, Kens		
	1 Durial 2 Cremation 3 Remova	il from State	place and bate of the control of the	of disposition (Nar ther place) olitan (remato	DATE 20c. LOC	Alexa	ndria, VA
	21. SKINATURE OF FUNERAL SERVICE LICEN	D.	00.	22. NAME AN	D ADDRESS OF FA	ERAL HOME		
Н	23. PART i. Enter the diseases, or con	polications that caused	the death Do	ROCK	/ILLE,	MD 20850)	Approximate
CERTIFICATION		Respirater pue to con as a	chilne.	fficient atunty				
MEDICAL	PART II. Other significant conditions of Sepsis - Se	contributing to deeth bu	t not resulting	in the underlying	cause given in	Part i. 24a. WAS AN / PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	ACE OF DEATH (Ch			
PHYS	1 VES 2 NO 1, 27. MANNER OF DEATH	Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JRY AT	6 Other (Specify) 28d. DESCRIBE HOW th	JURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY		M 1 🗆 Y	ES 2 NO	26f. LOCATION (Street a	and the section of the	
TED	3 Suicide 6 Could not be determined	building, atc. (Specif	(y)	street, factory, office		City or Town, State)	nd Number or Hu	al Houte Number,
COMPLETED		N: To the best of my knowle						ne(e) and menner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER MULLIAN 30. NAME AND ADDRESS OF PERSON WHO C	Nuller	MO	200	29c, LICENSE NUI	MBER		MED (Month, Day, Year) Z - 93
	Holy Cross Hosp				Rd., S	ilver Spi	ring,	MD 20910
	31. DATE FILED (Month, Day, Year) JUL 1 5 1993	32. JEGISTRABIS SIGNA						T.

BALTIMORE, MARYLAND 21215-0020

IDN OF VITAL RECORDS. P.O.

BALLIMORE, MARTLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	or removal.	medical examiner must be notified at once.
STATE ACOUNTS, T.O. BOX 88789,	TO THE HOSP WITH PARK MG PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIFFERENCE Affect this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I			ITMENT O			MENTAL HYGIEN	_	93	22064
	1. DECEDENT'S NAME (First, Middle, Last)	HELEN M	MARJORIE 15/1	STE	BBINS V	VISNER		2. DATE OF DEATH MONTH	~~3 _	- 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 048-30-4094	5. SEX 1 () M 2 () F	6. AGE (In yrs. lest	VRS.	IF UNDER 1 YE MONTHS DA		R 24 HRS. MIN.	JUNE 19,	1911	8. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) BETHESDA NURSING HOME BETHESDA BETHESDA							NTGON			
DIRECTOR	10a. STATE 10b. COUNTY	TGOMERY			,	TOWN OR LOCATION LVER SPRING			LIM		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2714 PLYERS MIL					10f. ZIP CO		02	2000	IZEN OF V	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		IT EVER IN U.S. ARI YES 2 NN MAR OR DATES		If yes		OF HISPAN	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		14. RACE	E — American Indian, k, White, etc. #y: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Gh				ing	16b. KIND OF BU	SINESS/IN	DUSTRY	WHILE
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLIAM CLUD	E SI	TEBBINS			HE	LEN	ME (First, Middle, Maiden WARR	EN		
101	19a. INFORMANT'S NAME (Type/Print) WILLIAM A. WISNER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2714 PLYERS MILL ROAD, SILVER SPRING, MD 20902										
	20c. METHOD OF DISPOSITION 1 Grant State 2 Donestion 3 Grant Removal from State 4 Grant Donestion 5 Grant Removal from State 4 Grant Donestion 5 Grant Removal from State 4 Grant Remov										
	21. SIGNATURE OF FUNERAL SERVICE LICE	//	llell		FRAN 500	ICIS J UNIVE	RSIT	LLINS FUNE Y BLVD., W	RAL I	HOME,	, INC. SP., MD 2090
	23. PART I. Enter the diseases, or conshock, or heert failure. LimmeDiATE CAUSE (Fined disease or condition resulting in death)	let only bne ceu	se on each ilne.	m	onia	mode of dy	ying, auc	h as cerdiec or reap	fretory ar	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Congress										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3					8 Other (Specify)			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	lay, Year)	240	URY M 1	WORK?	□ NO	28d. DESCRIBE HOW			
ETED	3 Suicide 8 Could not be determined	building,	F INJURY — At hon atc. (Specify)					281. LOCATION (Street City or Town, State)			loute Number,
COMPL	(Check only 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER							to the cause(a) and ma time, deta and place, ar) and manner as stated.
TO BE	296. SIGNATURE AND TORRE OF CERTIFIER	Duh	Gusi	D	W	De	ENSE HUN	948	29d, DAY	7//	4/93.

93 Julian State of St

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR					DEATH					
1. DECEDENT'S NAME (First, Middle, Las Naoma	В.	Ward	B			Jul	y 14,	1993	/EAR	2:45 P
4. SOCIAL SECURITY NUMBER 216-44-3146	6. SEX	6. AGE (In yrs. I	iast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	of BIRTH o, Day, Year) st 25	.1907	Country)	ACE (State or Foreign Illinoi:
9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF I	_		9c. COUNTY	Y OF DEA	
Carriage Hill-Be	thesda				Bethesda			M	ontg	omery
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ATY .		10c CITY	Y. TOWN OR LOCA	TION		-		-	Od. INSIDE CITY
Maryland	Montgome:	rv	100.011	Bethe						LIMITS?
10e. STREET AND NUMBER					of. ZIP CODE			10g. CITIZE		AT COUNTRY?
4611 Harling Lan	e				20814			Unite	d St	ates
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes, s	CENDENT OF HISP/ pecify Cuban, Mexic S 2 X NO Spec	an, Puerto I		n or No 14	4. RACE Black, Specify:	American Indien, White, etc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 descriptions)		(Give kind of v life. Do NOT us	USUAL OCCUPAT work done during me retired.)	ION lost of working			SINESS/INDUS		
	2		Sup	ervisor					mıni	stration
17. FATHER'S NAME (First, Middle, Last) Benjamin A. Brad	dv				18. MOTHER'S N			Surname)		
19e. INFORMANT'S NAME (Type/Print)	.a.y		19b. MAII ING	ADDRESS (Street	and Number or Rura			vn State 7in O	ionia)	-
Richard C. Vierb	uchen									land 208
20e_METHOD OF DISPOSITION 1	emoval from State	20b. PLAC of cemeta Moun	CE ANO DATE	e of oispositio	N (Name etery 7/	0AT		cation - cu		С
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		011	22. NAME	AND ADDRESS OF	ACILITY R	obert		mphr	ev_Funer
23. PART I. Enter the diseases, D shock, or heert fellur IMMEDIATE CAUSE (Finel disease pr condition	E Bour or complications the re. Liet only one cau	MOO et caused the	0672 deeth. Do r	22. NAME / Home Wisc 350I	AND ADDRESS OF P Bethesd Onsin Av	ch ss cere	obert Vy Cha Bethe	A. Purase, I	st,	Approximate Interval Between
23. PART I. Enter the diseases, pshock, or heert feitur IMMEDIATE CAUSE (Finel disease pr condition	s	MOO et caused the	deeth. Do r	22. NAME HOME WISC	AND ADDRESS OF A Bethesd onsin Av	ch ss cere	obert Vy Cha Bethe	A. Purase, I	st,	Approximate Interval Between
23. PART I. Enter the diseases, p. shock, or heert feilur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	s	MOO It caused the use on each II (OR AS A CONS (OR AS A CONS	deeth. Do r	22. NAME HOME WISC 1501	AND ADDRESS OF F Bethesd Onsin Av	ACRITY Ra-Cheenue,	obert Vy Cha Bethe diec or resp	A. Puilse, I	246. 1	Approximate Interval Betwo Onset and De
23. PART I. Enter the diseases, p. shock, or heert fellur IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other eignificant conditions.	s	MOO It caused the use on each II (OR AS A CONS (OR AS A CONS	deeth. Do r	22. NAME HOME WISC 1501	AND ADDRESS OF F Bethesd Onsin Av	n Part I.	obert Vy Cha Bethe Hec or resp 24a. WAS AT PERFO 1 YES	A. Puilse, I	246. 1	Approximate Interval Between Onset and De On
23. PART I. Enter the diseases, p. shock, or heert fellur IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other eignificant conditions.	b. DUE TO C. DUE TO d. HOSPITAL:	MOO It caused the Use DI each II O(OR AS A CONS	deeth. Do rins. SEOUENCE OF S	22. NAME HOME WISS 1501 not enter the more than the more t	AND ADDRESS OF F Bethesd Onsin Av rode of dying, su ng ceuse given i	n Part I.	Obert Vy Cha Bethe Slec or resp Slec or resp 24s. WAS AP PERFO 1 YES	A. Puilse, I	246. 1	Approximate Interval Between Onset and De On
23. PART I. Enter the diseases, D shock, or heert feitur immediate CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificant conditions or conditions in death in the conditions of the conditions of the cause of the conditions of the conditions of the cause of the cau	b. DUE TO c. DUE TO d	MOO of caused the use Dn esch ii (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but no	deeth. Do rins.	22. NAME HOME WISS 1501 not enter the most enter th	AND ADDRESS OF F Bethesd Onsin Av node of dying, su node of dying, s	n Part I.	Obert Vy Cha Bethe Bethe Slec or resp 24s. WAS AP PERFO 1 YES	A. Puilse, I	246. 1	Approximate Interval Betwo Onset and De
23. PART I. Enter the diseases, D shock, or heert feitur immediate CAUSE (Finel disease or condition resulting in deeth) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other eignificant conditions of the conditions of	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient: 2 26e. PLACE of building.	MOO It caused the use on each if O(OR AS A CONS O(OR AS A C	deeth. Do rins. to Consequence of the second of the secon	22. NAME HOME WISS 1501 not enter the most enter th	IND ADDRESS OF F Bethesd Onsin Av Rode of dying, su Rode of dying, s	n Part I.	24a. WAS AT PERFO	A. Puilase, I esda, I	24b. V	Approximate Interval Betwo Onset and De Vice State of De
23. PART I. Enter the diseases, p. shock, or heert feiture immediate CAUSE (Finel disease pr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other eignificant conditions of the conditions	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient: 2 26e. PLACE of building.	MOO of caused the use on each ii of or as a cons of or	deeth. Do rins. to Consequence of the second of the secon	22. NAME HOME WISCO	AND ADDRESS OF F Bethesd Onsin Av rode of dying, su rode of dying, s	n Part I.	24a. WAS AN PERFO 1 YES 24a. WAS AN PERFO 1 YES CATION (Street or Town, State	A. Puilase, I eschara I es	24b. V	Approximate Interval Betwo Onset and De Death? YES 2 NO NO No No No No No No
23. PART I. Enter the diseases, p. shock, or heert feiture immediate CAUSE (Finel disease pr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other eignificant conditions of the conditions	b. DUE TO c. DUE TO d. DUE TO d. Liet only one cau b. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO MOO of caused the use on each ii of or as a cons of or	deeth. Do rins. to Consequence of the second of the secon	22. NAME HOME WISCO	AND ADDRESS OF F Bethesd Onsin Av rode of dying, su rode of dying, s	n Part I. Check only or 261. LOC City ue to the ca- te time, date	24a. WAS AN PERFO 1 YES 24a. WAS AN PERFO 1 YES CATION (Street or Town, State	A. Puilsed, I	24b. V	VERE AUTOPSY FINOR MALABLE PRIOR TO DOMPLETION OF CAUS OF DEATHY YES 2 NO	
23. PART I. Enter the diseases, poshock, or heert feiture immediate cause production resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificant conditions in the conditions in the conditions in the cause of the	b. DUE TO c. DUE TO d. DUE TO d. Liet only one cau b. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO c. DUE TO d. Liet only one cau s. DUE TO MOO of caused the use on each ii of or as a cons of or	deeth. Do rins. to Consequence of the second of the secon	22. NAME HOME WISCO	AND ADDRESS OF F Bethesd Onsin Av rode of dying, su rode of dying, s	n Part I. Check only or 261. LOC City ue to the ca- te time, date	24a. WAS AN PERFO 1 YES 24a. WAS AN PERFO 1 YES CATION (Street or Town, State	A. Puilsed, I	24b. V	Approximate Interval Between Onset and De Vere and De Vere autopsy Finoin Mallable Prior to Defect the Completion of Caus of Death? I YES 2 NO Vere Number, and manner as stated	

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DIMISION OF VITAL RECORDS, P.O. BOX 6876	PH SICIAN: The law requires that the death certificate by
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2	A AMERICA

					2. DATE OF DEATH	AY Y	3. TIME OF DEATH
Lottie	Whittington	1				993	10:54 P
	5. SEX 8. AGE (In)	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	1 □ M 2 K) F 64	YRS.	MONTHS DAYS	HOURS MIN.	10-5-19	28	MD
Se. FACILITY NAME (If not institution, give stre Kent & Queen Anne!		al INC.	9b. CITY, TOWN C	PR LOCATION OF DI			Y OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
Kent & Queen Anne' RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD Kent			, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?
THE IT C	<u>, </u>	R	ock Hall	. ZIP CODE		10a CITIZE	1 TYES 2 NO
100. STREET AND NUMBER 5450 Eastern Ne 11. MARITAL STATUS	ck Island Ro	ad		21661			U.S.A.
5 11. MARITAL STATUS	12 WAS DECEDENT EVER IN II	S ADMED	13. WAS DEC	ENDENT OF HISPAI	VIC ORIGIN? (Specify Ye		4. RACE — American Indian.
Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S K NO		ecify Cuban, Mexica 2 NO Specifi	in, Puerto Rican, etc.)		Black, White, atc. Specify:
							Black
15. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	Give kind of w life. Do NOT use	USUAL OCCUPATION Fork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY
Elementary/Secondary (0-12) 7th 17. FATHER'S NAME (First, Middle, Last) 1 ames Whittington	College (1-4 or 5+)		ry Worke	ır	Food	Proce:	ssing Plant
17. FATHER'S NAME (First, Middle, Last)		1 40 00	y WOIKE		ME (First, Middle, Maiden	Surname)	
m dames will colligion				ľ	an Dorsey	,	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Co	ode)
Pearl Gaine	S	5450	<u> Easter</u>	n Neck I	sland Rd.	Rock	Hall,MD 2166
20a. METHOD OF DISPOSITION 1√□ Burlat 2 □ Cremetton 3 □ Remov.	20b, PL	ACE AND DATE O	F DISPOSITION (Na	me of			ly or Town, State
Donation 5 □ Other (Specify)	Mt.	Zion Chi	urch Cen	etery	7/15/93	Still	Pond, MD
21. SIGNATURE OF FUNERAL SERVICE LICER	ISEE			D ADDRESS OF FA	erkins Fund	2 Icac	onvice
amer a. Pers	Kinh						11. MD 2166
23. PART). Enter the diseases, or conshert fellure. Li	mplications that caused that only one cause on each	ne deeth. Do n	ot enter the mo	de of dying, suc	h es cerdiec or reep	ratory arree	et, Approximete
IMMEDIATE CAUSE (Finel				6	- ((Intervel Bets Onset and D
disease or condition resulting in death)	Probab	ly nu	10000	hal &	he farct	000	miner
	DUE TO (OR AS A CO	ONSEQUENCE OF	% :		/		
					,		
Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE OF			,		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO);		,		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST);		,		
PART il. Other significent conditions	DUE TO (OR AS A CO	ONSEQUENCE OF):				Total WERE AUTODOX FINA
PART ii. Other significent conditions	DUE TO (OR AS A CO	ONSEQUENCE OF):		Part I. 24a. WAS AN	AUTOPSY IMED?	AVAILABLE PRIOR TO
PART ii. Other significent conditions	DUE TO (OR AS A CC	ONSEQUENCE OF);		Part I. 24a. WAS AN	AUTOPSY IMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PART II. Other significant conditions Chronic	DUE TO (OR AS A CO	ONSEQUENCE OF);		Part I. 24a. WAS AN	AUTOPSY IMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other significant conditions Chronic	DUE TO (OR AS A CO	ONSEQUENCE OF);): n the underlying		Part I. 24a. WAS AN PERFOR 1 🗌 YES 2	AUTOPSY IMED?	AVAILABLE PRIOR TO COMPLETION OF CAU
PART II. Other significant conditions Chronic	DUE TO (OR AS A CO	not resulting li): n the underlying 28. PL OTHER:	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY IMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other significant conditions CLIDING 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CO	not resulting li): 1 the underlying 26. PL OTHER: 4 □ Nursing Hom OF	ace of DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 🗌 YES 2	AUTOPSY IMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significant conditions CLID TIC 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CO	not resulting in	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ace of Death (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 seck only one)	AUTOPSY IMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significent conditions LIND III. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO	not resulting in	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ace of Death (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 seck only one)	AUTOPSY MED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significent conditions CLINITIC STATE OF THE CONDITION OF	DUE TO (OR AS A CO	not resulting in	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ace of Death (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 ack only one) 8 Other (Specify) 28d. DESCRIBE HOW I	AUTOPSY MED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significent conditions CLIDITIC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigation 2 Accident trivestigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO	not resulting land and a point 3 DOA 28b. TIME INJU. At home, farm, at	26. PL OTHER: 4 Nursing Hom SOF 28c. INJ. INV M 1 1	ACE OF DEATH (Ch. 5 Residence URY AT RK? ES 2 NO and place, end due	Part I. 24a. WAS AN PERFOR 1 YES 2 sck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED? NJURY OCCUP and Number or	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significent conditions CLIDITIC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigation 2 Accident trivestigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO	not resulting land and a point 3 DOA 28b. TIME INJU. At home, farm, at	26. PL OTHER: 4 Nursing Hom SOF 28c. INJ. INV M 1 1	ACE OF DEATH (Ch. 5 Residence URY AT RK? ES 2 NO and place, end due	Part I. 24a. WAS AN PERFOR 1 YES 2 sck only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED? NJURY OCCUP and Number or	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PART II. Other significent conditions CLIDITIC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO	not resulting land and a point 3 DOA 28b. TIME INJU. At home, farm, at	26. PL OTHER: 4 Nursing Hom SOF 28c. INJ. INV M 1 1	ACE OF DEATH (Ch. 5 Residence URY AT RK? ES 2 NO and place, end due	Part I. 24a. WAS AN PERFOR 1	AUTOPSY IMED? NJURY OCCUP and Number or	COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rurel Route Number,
If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST DATE II. Other significent conditions. AND THE STAMMER? 1 YES 2 NO 12 NO 14 NO 15	DUE TO (OR AS A CO	not resulting in a post of the	26. PL OTHER: 4 Nursing Hom SOF 28c. INJ. INV M 1 1	ACE OF DEATH (Ch. 5 Presidence URY AT RK? ES 2 NO and place, end due aeth occured at the	Part I. 24a. WAS AN PERFOR 1	AUTOPSY IMED? NJURY OCCUP and Number or	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rural Route Number,
PART II. Other significent conditions WW 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO	not resulting in a post of the	26. PL OTHER: 4 Nursing Hom SOF 28c. INJ. INV M 1 1	ACE OF DEATH (Ch. 5 Presidence URY AT RK? ES 2 NO and place, end due aeth occured at the	Part I. 24a. WAS AN PERFOR 1	AUTOPSY IMED? NJURY OCCUP and Number or and eatted. d due to the c	AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO RED Rural Route Number,

	the hosp	e detached		t once.	
	retained by	5 should b		notified a	
	e 6 may be	ector, page		must be	
	death. Pag	funeral dir		examiner	
	hours after	ed in by the	or remova	medical	
,	within 24	npletely fille	cremation,	vent, the	İ
	TO THE HILP TO A TO A PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FAMOR CONTINUE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	or to burial,	IMPORTANT: Il liam 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	certificate	ofing physic	Hygiene pri	r other tr	
	it the death	by the atter	nd Mental	Injury, o	
	equires tha	en signed	of Health a	пе змон	
	I: The law	cate has be	State Dept.	Item 23 s	
	PHYSICIAN	this certifi	with the	rked, or	
	DNID	IN After	after death	28 is ma	
	SA DINE	MAL DIREG	THE PERSON NAMED IN	If Hem ?	
	THE HELP	THE FUND	filed within	PORTANT	
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STATE OF MARYLAND / DEPARTMENT OF		MENTAL	HYGIENE
CERTIFICATE OF	DEATH		REG. NO.

_	TEGISTRAN CERT	FICALE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	TT - 1	2. DATE OF DEATH DAY	year / O.O. T
	Susan Carter 4. SOCIAL SECURITY NUMBER	Washam	6 24	93 4:33 P M
	4. SOCIAL SECURITY NUMBER 1 M 2 F 6. AGE (In yrs. lest birthde	MONTHS DAVE MOURE MAN	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	ATH 9c.	COUNTY OF DEATH
OR	Memorial Hospital at Easton	Easton		Talbot
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 1 10e.			
DIRECTOR	ME. QUEEN ANNES	CENIREUII	18	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	101. ZIP CODE	100	CITIZEN OF WHAT COUNTRY?
NE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	2/6/		0,5,4
	1 Never Married 2 Married FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican	IIC ORIGIN? (Specify Yes or N n, Puerto Rican, etc.)	o- 14. RACE - American Indian, Black, White, atc.
Э ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify		Specif B/ACK
E	(Specify only highest grade completed) (Give kind	of work done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	A O O R	VAR	2100 8
OM	17. FATHER'S NAME (First, Middly, Last)	18. MOTHER'S NAI	ME (First, Middle, Meiden Surne	ime)
BE C	William L. Mille		CY CA	RIEK
5	MRSIZORRAINE GREAINE GRIFFIN 3	NG ADDRESS (Street and Number or Aural A	Noute Number, City or Town, Sta	NEVILENO.
	20s. METHOD OF DISPOSITION 1	re of Disposition (Name of worthy place)	DATE 20c. LOCATIO	ON City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	CILITY 701	EF 1-37 Oldo 1
	Dannet Waldy	207 CA	LESTEY	ets un mo
	 PART I. Enter the diseases, or complications that caused the death. Deahock, or haert failure. List only one cause on each line. 	o not anter the mode of dying, such	es cerdiac or respirator	ry arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition			Onset end Death
	resulting in death) e	Vil-		
	DUE TO (OR AS A CONSEQUENCE	OF):		
o l	Sequentially list conditions,	OFI:		
¥	cause. Enter UNDERLYING			j
Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE	OF):		
CERTIFICATION	resulting in death) LAST			
- 16	PART II. Other aignificant conditions contributing to death but not resulting	g in the underlying cause given in	Part I. 24s. WAS AN AUTO	IDOV ALL WITH AUTOROV FURNICO
EDICAL	CHE	g the enectifing cades given in	PERFORMED	
	Disheter (TUXOTE)		1 TYES 2 N	OF DEATH?
Σ	Sales Control of the sales of t		-	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	or anti-pan)	
Si	EXAMINER? 1 YES 2 NO 1 Inpatient 3 DOA	OTHER:		
Ë	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. 1	IME OF 28c. INJURY AT	28d. DESCRIBE HOW INJUR	Y OCCURED
BY P	Natural 5 Pending (Month, Day, Year)	M 1 YES 2 NO		
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferring building, etc. (Specify)	n, street, factory, office	261. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
<u> </u>				
	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occu	arred at the time, data and place, and dua	to the cause(a) and menner a	a stated.
COMPLETED	one) 2 MEDICAL EXAMINER: On the bells of examination and/or investige	ition, in my opinion, death occured at the t	time, data and place, and due	to the cause(s) and manner as stated.
H	29h. SIGNATURE AND TITLE OF CENTURY	29c. LICENSE NUM	BER 29d	. DATE SIGNED (Month, Day, Year)
2	20 NAME AND ADDRESS OF DESCRIPTION WEST	1042	005	6/25/45
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	Pehrin Ave	QUODI	15town un
11	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			**//
71	14 15 93 John Savidson-Randall			

DALIMON OF VIAL RECORDS, F.O. BOX 13148, BALLIMONE, MANILAND 21203-3140	OH TIME BAYSICIAN: The law requires that the death certificate be executed within x- nours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and Mental Hygiene prior to burial, cremation, or removal.	and the second s
13 140,	executed wi	and compl	to burial, cri	manife attach
ם כא	tificate be	g physician	iene prior	Ohner Sman
7.	death cer	attendin	ental Hyg	0 00 00
MUS	that the	ed by the	th and Me	some lades
X T T C C	requires /	been sign	t. of Healt	- hanne
AL	The law	ate has	tate Depl	4
7	YSICIAN	s certific	ith the S	the same
S	ING PH	After this	death wi	-
	H	1	Nego i	
ā	E	PIO	hrun	

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / CE	DEPAR	ICATE	OF H	DEAT	AND I	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							1	2. DATE OF DEATH	AV /	YEAR	3. TIME OF DEATH
	Opal Corrine Wo	lfe							6/24	19	3	8:301 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month Day, Year)		B. BIRTH Countr	PLACE (State or Foreign y)
	212-38-7649	1 M 2 F	88	YRS.					10/20			Ohio
00	9a. FACILITY NAME (If not institution, give s		:+-1			eder	i ck	ON OF DE	ATH		nty of D deri	
0	Frederick Memor	iai nosp	ILdI		Fre	euer	TCK			116	uerr	CK
DIRECTOR	10e. STATE 10b. COUNT	r		10c. CI	ry, town (OR LOCAT	TION					10d, INSIDE CITY LIMITS?
	Maryland Fro	ederick		M	yers	_						1 TYES 2XXNO
\%	10s. STREET AND NUMBER					10	. ZIP COD			10g. CIT		WHAT COUNTRY?
FUNERAL	3057 Black Rocl		NT EVER IN U.S. ARI	AFD	1 42	WAS DE		1773	HC ORIGIN? (Specify Ye	o or No	USA	E — American Indian,
교	1 Never Merried 2 Merried	FORCES?	1 YES 2 XN WAR OR DATES	O		If yes, sp	ecify Cube	n, Mexica	n, Puerto Rican, etc.)	is or no—	Black	k, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE	WAN ON DATES			1 YES	2 NO	Specify	<i>r</i> :		Spec	"y white
<u>a</u>	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	CEDENT'S	S USUAL O	CCUPATI during me	ON ost of world	na	16b. KIND OF BU	SINESS/INI	DUSTRY	100
191	Elementary/Secondary (0-12)	College (1-4 or 5	+) 4	Do NOT t	ise retired.)				-			
COMPLETED		ood Colle	ege Te	eACH	ER				Educat			
	17. FATHER'S NAME (First, Middle, Last)	Cmith					-		Kathryn Bo			
BE	Charles Elmer 190. INFORMANT'S NAME (Type/Print)	Smith	196	, MAILIN	G ADDRES	S (Street			Route Number, City or To		p Code)	
2	Zene S. Wolfe		28	618	Cana	da H	i]]	Rd.	Myersvil	le. M	D 2	1773
9	20s METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem	amel from State	20b. PLACE other pla	OF DISPO						OCATION —		own, State
	4 Donation S Other (Specify)	-	St		rk!s	Lut	hera	n Ce		olfsv	ille	Maryland
	21. SHUNATURE OF HUMBRAL SERVICE U	MENSEE C	kells		22.	, NAME A	ND ADDRE	SS OF FA	CILITY			
DYG	Ricketts Fune	ral Home			5	04 M	lain	St.	Myersvil	le, M	D	
n n	23. PART i. Enter the disesses, or abock, or heart failure.				not ente	r the m	ode of dy	ing, suc	ch as cerdiac or res	piretory er	rrest,	Approximete interval Between
	IMMEDIATE CAUSE (Final		10 D	Λ		A						Onset and Death
1,	disease or condition resulting in death)	a	Willa	LA	1 Dies	36						10Mer.
200		AL OF	O (OR AS A CONSEC	DUENCE	OF):	Alia	101	er Oa	Deseais			204.
CERTIFICATION	Sequentielly list conditions,	b. / //TED	O OR AS A CONSEC	DUENCE	OF):		0-0	1	0-			129,
AT	if any, leading to immediata cause. Enter UNDERLYING	· With	& Clema	7.081	000	Ger	set,	foll	level			104
FE	CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CONSE	UENCE	OF):		l					
ERI	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing t	o death but not r	esuiting	in the u	ınderiyli	ng ceuse	given in		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AM/LABLE PRIOR TO
S 0	Post	ungeris	Xsess	9					1 TYES			COMPLETION OF CAUSE DF DEATH?
												1 - YES 2 - NO
Z Z												
ced, or item 23 shows a PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		PLACE OF	DEATH (C	heck only one)			
YSI	1 VES 2 NO	-	ER/Outpatient 3	_	4 1 N	ursing Ho		tesidence	8 Other (Specify)	V IN ILIEN O	CCURED	
필표	27. MANNER OF DEATH 1 D Natural 5 Pending	28a. DATE C (Month,	Day, Year)	260. 1	IME OF NJURY M	W	HURY AT YORK?	□ NO	28d. DESCRIBE HOV	INJUNT O	CCORED	
B a	2 Accident Investigation	28e. PLACE	OF INJURY — At he	ome, farm	, street, fa				281. LOCATION (Street	at and Numb	er or Rural	Route Number,
COMPLETED	3 Suicide 6 Could not be determined	bullding	g, etc. (Specify)						City or Town, Sta	to)		
E E	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best	of my knowledge, de	eth occu	rred at the	time, da	te end plac	e, and du	e to the cause(s) and n	nanner as si	tated.	
MI I	(Check only	_					-					e(e) and manner as stated.
C	29b. SIGNATURE AND TITLE OF CERTIFI	ER O	\	-	_	_	29¢ U	CENSE NU	JMBER	29d. D/	TE SIGNE	ED (Month, Day, Year)
IMPORTANT: If Item 28 is marked, of Item 23 shows O BE COMPLETED BY PHYSICIAN: MEI	Bernera O.Tt	comos	L				0	134	09	> (0/2	5193
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	28 Na	Mai	pe, Print) Ket	- 5	. F	rede	erick, Mo	1 21	701	
	31. DATE FILED (Month, Day, 1987)	32. HEGISTI	PAR'S SIGNATURE	Inde	20_							
	JUN 2 5 199	1) Juna	www.doon-N	- Porto								

Literal News Consultation

TO THE HISPITM ON ATTENDING PHYSICIAN: The law require	I meeting wher this certificate has been sign	72 hours from drath with the State Dept. of He	marked or item 23 chow
TO THE H SPITE	TO THE PLANER	be filed with 72	IMPORTAN

	FOR 1 STATE	STATE OF M	IARYLAND /	DEPAR	ITMENT ()F HE	ALTH ANI	MENT	AL HYGIEN	, 9	3	22069
	REGISTRAR				ICATE				REG. NO.			
	1. OECEDENT'S NAME (First, Middle, L	est)						2. DAT	E OF DEATH	W V	rean .	3. TIME OF DEATH
	JOHN 4. SOCIAL SECURITY NUMBER	N OFF			EDON	JI	-	0.6	19	199		5:48 A
	213-94-7086	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER 1 Y	$\overline{}$	F UNDER 24 HRS HOURS MIN	7. DAT	E OF BIRTH	*	Country Ma	ryland
000	9a. FACILITY NAME (If not institution, g	ive street and number)			4.		LOCATION OF	DEATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	FREDERICK ME RESIDENCE OF DECEDENT 10a. STATE 10b. CO		SPITAL			der				FRE	DER	
	Maryland H	rederick			r town on i		N					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4028 Buckeys	town Pike				10f. Z	217	01		10g. CITIZE	US.	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	MED NO	If ye	s, speci	IDENT OF HISI ify Cuban, Mex NO Spe	Ican, Puerto	IN? (Specify Yea Rican, atc.)	or No — 14	I. RACE Black, Specify	- American Indian, White, etc. black
	15. OECEDENT'S (Specify only highest of	EDUCATION trade completed)	16a. DE	CEDENT'S	USUAL OCCU	PATION	of working	16	b. KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Stude	work done duri se retired.) ent	ng most	or working					
BE COI	17. FATHER'S NAME (First, Middle, Last) John Nathani		Sr.					- 1	Middle, Maiden		.s	
0 8	19a. INFORMANT'S NAME (Type/Print)	1	191						mber, City or Town			
-	Pamela F. Wee							ike,	Freder			
	20g. METHOD OF DISPOSITION 1-\(\Delta\) Burial 2 \(\Delta\) Cremation 3 \(\Delta\) 4 \(\Delta\) Donation 5 \(\Delta\) Other (Specify)	Removal from State	cemetery, cre	matory or o			of	1		CATION — CIT		
	21. SIGNATURE OF FUNERAL SERVICE		Hopel	nill	Cemet	ery	ADDRESS OF	6/2	3/93 1	reder	ick	MD
	Cappord	Peter	em		P.	0. 1	3ox 18	19, F	Homes rederio	ck, MD	21	702
ERTIFICATION	23. PART L Engir the diseases, shock, or heert failured immediate. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HEWO	OR AS A CONSEC	DUENCE O	7): 2 THO					atory errea	ι,	Approximate interval Betwee Onset and Des
0	PART II. Other eignificant condi	tions contributing to	death but not n	esuiting	In the under	rivino (Pause alven	In Part I	24a, WAS AN	ALTTORAY	Lau	
N: MEDICAL									PERFOR	MED?		WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLAC	E OF DEATH (Check only o	one)			
YSI	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home	5 - Residenc	• 8 □ Oth	er (Specify)			
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Da		28b. TIM	URY	WORK	?	28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
B	2 Accident Investigation		INJURY — At ho	no deserve			2 NO	-				
ETED	3 Suicide 8 Could not 4 Homicide determined	building, e	tc. (Specify)	ma, reiriri,	ereet, factory,	orrica		Zer, LO	CATION (Street a y or Town, State)	nd Number or	Rural Ro	ute Number,
COMPL		IYSICIAN: To the best of r										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTI	FIER ALCOLO				2	9c. LICENSE N	UMBER		29d. DATE S	IGNEO (Month, Day, Year)
2	monher W	e some					0.C.	M.E.	<u> </u>	▶ 06/	/20	/1993
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE				et,	Balt	imo	ce, Ma	rylar	nd	21201
	31. DATE FILED JUN 2 3 19	93 Julia De	WILLOW- P	ndell								

BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	med in by the funeral director, page 5 should be detache	on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDED TO THE INVESTMENT TO INVESTMENT TO THE HOSPITAL OF	TO THE FUNERAL DIFFERDED THE THE THE THE THE THE THE THEORY OF THE FUNERAL DIFFERDED WHEN THE FUNERAL DIFFERDED THE THEORY AND THE FUNERAL DIFFERDED THE THEORY. PAGE 5 Should be detached	be filed within 72 personal mean than the face Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It imm 28 is massed of item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DESEDENT'S NAME (First, Migdle, I	ast) ROBERT	JOSEPH		OF DEATH	2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-03-7543-A	5. SEX 1 🔀 M 2 🗆 F	B. AGE (In yrs. last birthd	NOUTUR D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Aug. 7, 1	1	0	ACE (State or Foreign
9a. FACILITY NAME (If not institution, s St. Elizabeth's	Nursing Ho	me		own on Location of City	DEATH	_	NTY OF DEAT	
RESIDENCE OF DECEDEN 10a. STATE Maryland 10b. CO			city, town on i	OCATION				d. INSIDE CITY LIMITS?
300Sunflower Dr	ive			101. ZIP CODE 21014			USA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If ye	B DECENDENT OF HISPA Da, specify Cuban, Maxic YES 2 NO Specify	en, Puerto Ricen, etc.		14. RACE — Black, V Specify: White	American Indian, fhita, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las		(Give kind life. Do NO	or's usual occu of work done duri or use retired.) Cutter	ng most of working	1000	eusiness/inc		7
17. FATHER'S NAME (First, Middle, Las Charles Wesl	•	PAUFE			Marie Col	den Surname) ncannor	n	
19a. INFORMANT'S NAME (Type/Print) William J. Wagn	-			treet and Number or Rura				1. 21632
20a. METHOD OF DISPOSITION X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE OF DIS	SPOSITION (Name	of cometery, cremetory of	20c	LOCATION -	City or Town	, State
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE (Ma Car	nas III	_ How	me and address of r ard K. Mc(7 Cokesbur	Comas III			
23. PART I. Enter the diseases ahpck, or heart fell iMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only Dna caus	e Dn aach lina.	condial	Infon C		sephratory art	reat,	Approximata interval Betwee Onset and Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	OR AS A CONSEQUENC						
PART II. Other significant cond	truthe Pu	leath but not resulting Dis	love		PEF	S AN AUTOPSY IFORMED? S 2 NO	C	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:	ER/Outpetlent 3 🗆 DC	OTHER:	28. PLACE OF DEATH (C				-
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investiga		/, Ybar)	INJURY M	ic. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	OW INJURY OC	CURED	
	or De building, e	INJURY — At home, fa tc. (Specify)	irm, atreet, factory	, office	28f. LOCATION (St. City or Town, S		r or Rural Rou	te Number,
onel	PHYSICIAN: To the best of n AMINER: On the bests of axi							nd manner as stated.
Edmil Sic	work and			29c. LICENSE N		29d. DAT	TE SIGNED (A	lonth, Day, Year)
	meny 405	to elmic		e Bolt	CW.			
31. DATE FILED (Month, Day, Year)	Alia Daind	S SIGNATURE						

X 68760,

DIVISION OF VILAL RECORDS, P.O. BOX	TO THE HISSTAL AND THE BOWNS PHYSICIAN: The law requires that the death certificate be	TO THE FUNDAL TREETON And this conflicate has been signed by the attending physicia	hours are death with the State Dept. of Health and Mental Hygiene prior	IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other trau
PINIO	TO THE HOSPITAL WITH EIN	TO THE PUNISHAL SPRECTOR	be filed within bours	IMPORTANT: II TIBIT 28 IS

Walter

Κ.

31. DATE FILES WEIT, 07. 5-1993

Naumann,

MD;

Accident,

Maryland

	1 - FOR STATE OF I	MARYLAND /	DEPAR	RTMENT OF	HEALTH	AND I	MENTAL HYGI			22011
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	James Rooseve	lt WI	T				July 1	DAY 1 Q	93	12:40 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEA	A IF UNDER	9 24 HRS	7. DATE OF BIRTH	. 9 13		IPLACE (State or Foreign
	213-18-2563 1♥™2□F	91	YRS.	MONTHS DAY		MIN.	12/5/19	0.1	Count	yland
	9a. FACILITY NAME (If not institution, give street and number)	91		96. CITY, TOV	DI OR LOCATI	04 05 04				9
œ	Garrett Co. Memorial	Hospit	a T	0ak1		ON OF DE	AIH	9c. COL	INTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	nospice	μ 1	Uaki	anu				Gar	rett
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
ā	Maryland Garrett		Sh	anton						LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP COD	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	Route 2, Box 173A; G1	endale	Roa	d	2156	1		1 11	SA	
S	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AR	MED			_	IIC ORIGIN? (Specify			E — American Indian, k, Whita, etc.
	IF YES CIVE Y	I YES 2 🖔 N	10		specify Cube		n, Puerto Rican, etc.)			
BY	3 💢 Widowed 4 🗌 Divorced				7	-,,				~White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DE	CEDENT'S	USUAL OCCUP	ATION most of working	no.	16b. KIND OF	USINESS/IN	DUSTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5	+) #/e.	Do NOT u	se retired.)	mod or work.					
A P	3	Tin	nber	man			Saw	Mill		
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid			
BE	Jesse Wilt				Rac	hel	Platter			
0	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or			
-	Genevieve Rinker	Rt	. 2	, Box	173A	; S1	wanton,	Mary	lanc	21561
	20a. METHOD OF DISPOSITION	20b. PLACE A	ND DATE	OF DISPOSITION	(Name of		DATE 20c.	OCATION -	City or To	wn, State
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	- Grant	SVI	The Co	emete	rv	7/14 Gr	ants	vill	e. MD
	21. SIGNATURE OF FUNERAL/SERVICE LICENSEE			22, NAME	AND ADDRE	SS OF FA	CILITY			
	De Lange 1 60	1 man		New	nan F	unei	ral Home	s, P	. A .	
	23. PART I. Enter the dispases, or complications the	it caused the de	ath. Do i	ot anter the	TSV1	ing eucl	Maryla	nd	2153	
	anock, or neart failure. List only one cau	use on aach lina.		TOT WITTER THE	noua or uy	ing, suci	n aa cardiac or re	piretory ar	rest,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition	15	. 1	T	22-	20				Onset and Daath
	resulting in death)	OR AS A CONSEC	i i	THEM	1100	100	rey			2 Months
_	- AH	A D Cal	e al	-C C	und:	01 - 10	sculor	1-10	1. 0	7 2000
CERTIFICATION	Sequentially list conditions, b. DUE TO	OR AS A CONSEC	HENCE O	D. C.	rail	V W.	scuier	ause	1se	Lyears
A	if any, leading to immediate cause. Enter UNDERLYING	evalization AS A CONSEQUENTIAL TO THE CONSEQUENTIAL	-1	att	0.00	010	ACC			20,000
윤	CAUSE (Disease or injury that initiated events DUE TO	(OR AS A CONSEO	UENCE O	F):	t rus	Cle	rons			yeurs
E	resulting in death) LAST	-								i '
CE	- a.									
A	PART II. Other aignificant conditions contributing to	death but not re	auiting	in tha underly	ing cause o	given in	De me	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
8							1 YES	2 XNO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W										1 TYES 2 NO
ä									-1	
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF D	EATH (Che	ock only one)			
PHYSICIAN: MEDIC	nopriiac:	ER/Outpatient 3	□ DOA	OTHER: 4 \(\text{Nursing H} \)	ome 5 🗆 Re	aldence	6 Other (Specify)			
£	27. MANNER OF DEATH 280. DATE OF (Month, D		28b. TIM		NJURY AT		28d. DESCRIBE HOV	INJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	-	1140		WORK?	NO				
	3 Suicide 6 Could not be 26s. PLACE 0	F INJURY — At honetc. (Specify)	na, farm, :	street, tactory, o	fice		261, LOCATION (Street	t and Number	r or Rural A	loute Number,
	4 Homicide determined	atai (opoony)					City or Town, Sta	(8)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, des	th occurs	ed at the time of	eta and nince	and due	to the cause(s) and s	anner en et	ted	
M	one) MEDICAL EXAMINER: On the basis of a									end manner as stated
	29b. SIGNATURE AND TITUE OF CERTIFIER	The William								
B	Maller Than		-	11.1	Zye. Lice	7 T	75a	29d. DAT	E SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Time	Print)	1/	4	17-1	1-1	HIY	1101773

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Page 6	of direct		ner m
death.	e funer	f.	exami
is after	n by th	remove	adical
24 hou	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	10th, or	the m
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certifica	ang ph	Malene	other
death	e atten	lental P	UTV. OF
N. The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the houpital or attending p	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	and N	in ini
duires	n signe	f Health	OWS 2
aw re	as bee	Dept. o	23 sh
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ING PHYSICIAN: IN	his cert	with the	ked, o
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31. DATE FILED (Month, Day, Year)

	10						REG. NO 2. DATE OF DEATH		132024	3. TIME OF DEATH
HELEN	(N	MI)		WELI	_S		7/7/93	AY	YEAR	12:30 P
4. SOCIAL SECURITY NUMBER	s. sex	6. AGE (In yes, last t		F UNDER 1 YEAR	F UNDE	A 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	HPLACE (State or Foreign)
220 24 0510	1 - W 2 X F	72	YRS.	CONTRACTOR OF THE PARTY OF THE	L.Varense	1.2	10/17/2	11		JERSEY
Se. FACILITY NAME (If not institution, give				Bb. CITY, TOWN	OR LOCAT	ION OF DE	EATH	Sec. COU	INTY OF D	MATH
FROSTBURG VILLA	GE NURSIN	G HOME		FROST	BURG	5			ALLE	GANY
10a. STATE 10b. COU	NTY		Noc. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND AL	LEGANY						FROS	TBUR	G	1 X YES 2 NO
10s. STREET AND NUMBER				10	M. ZIP COO	E		· Promotion of the last of the	_	WHAT COUNTRY?
81 FROST VI	LLAGE					2153	2		U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARM	ED	13. WAS DEC	CENDENT I	OF HISPAI	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	s or No	14. RACI	E American Indian, s, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	YES 27 NO	50		2 X NO				Spec	aly:
15. DECEDENT'S E	DUCATION	I see proc	EDENT'S II	BUAL OCCUPATI	ON		16b. KIND OF BU	-	WHI	TE
(Specify only highest gro Elementary/Secondary (0-12)		Give	e kind of wo	ork done during me retired.)	ost of work	ing	166. KIND OF BU	SIMESS/IME	DUSTRY	
5	surrege (1-4 or 5	3	C	оок			PECT	AURA	NT	
17. FATHER'S NAME (First, Middle, Last)			-	200	18. MOT	HER'S NA	ME (First, Mickella, Makken	and the last of th	3.1	
(?) GRE	EN					В	EATRICE	(?)	
19a, INFORMANT'S NAME (Type/Print)		190.	MAILING /	ADDRESS (Street	and Numbe	-	Route Number, City or Rw	m, Statu, Zig	p Code)	
BEATRICE WILLIS	ON	1	7113	CARSCA	DEN	ROAD	. SW. FROS	TBURG	G. MI	0 21532
20s. METHOD OF DISPOSITION 1 (S) Burial 2 □ Cremation 3 □ Re	amount from State		ID DATE OF	FDISPOSITION IN				CATION -		
				22. NAME A	MD ADDRE	SIS OF FA	CILITY			U = 2/0% A = =
· / 8 parile	w M	Down	ns	60 W.	SOWE	RS F	UNERAL HOM	C M	0 21	532
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	He on each line.	art	50 W.	SOWE MAIN ode of dy	RS F ST.	UNERAL HOM FROSTBUR h as cardiac or respi	C M	0 21	Approximate Interval Bety Onset and D
IMMEDIATE CAUSE (Final disease or condition	a. DUE TO DUE TO	OR AN A CONSEQUE	PENCE OF)	50 W. st enter the mo	SOWE MAIN ode of dy	RS F ST.	UNERAL HOM	C M	0 21	Approximate Interval Betw Onset and D
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snock, or heart failur immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO E. DUE TO E. DUE TO	(OR AS A CONSCOU	HENCE OF)	50 W. ot enter the mo	SOWE MAIN ode of dy lux at	RS F ST. ing. suc	UNERAL HOM FROSTBUR has cardiac or respi	G Miratory and Autropsy Autrop	D 21'	Approximate interval Betw Onset and D
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General warming

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30. NAME AND ADDRESS OF PERSON

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending physici.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit t	with the state Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 22073 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WILLIAM WARD WILSON JULY 9 Ĩ993 4:00 A.M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) JAN. 28, 1894 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 1 M 2 - F HOURS 213-22-2684 99 YAS. MARYLAND 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ALLEGANY COUNTY NURSING HOME CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY **CUMBERLAND** 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ROUTE 3, BEDFORD ROAD 21502 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced Specify: WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g. ALLEGANY COUNTY Elementary/Secondary (0-12) College (1-4 or 5+) BUS CONTRACTOR SCHOOL BUSES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
CHARLOTTE GROWDEN ELI WILSON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGINIA BRANT ROUTE 2, BOX 601 - CUMBERLAND, MD 21502 20e. METHOO OF DISPOSITION
1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20c. LOCATION — City or Town, State 20h. PLACE AND DATE OF DISPOSITION (Name of OATE 7-12-93 SUNSET CUMBERLAND, MD MEMORIAL PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
GEORGE-UPCHURCH FUNERAL HOME, GREENE ST., CUMBERLAND, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximeta shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Deeth diseese or condition_ pullive reaulting in deeth) DUE TO OR AS A CONSEQU CERTIFICATION Sequentially list conditions, DUE TO (OR AS A C if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 A Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

32 FGISTRAR'S SIGNATURE

D14865

ROBUSTIANO BARRERA, M.D.-MEML. HOSP.MED. BLDG.-CUMBERLAND, MD 21502

▶ 7/12/93

TO THE HOSE IN OR MTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hose	TO THE FUNEAUL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the honerst director, page 5 should be detected.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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E S	DIREC	be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ē
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	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEI		0 22014				
	1. DECEDENT'S NAME (First, Middle, Last) ERMA ILENE WHITT	INGTON				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 12:15 P M				
	4. SOCIAL SECURITY NUMBER 218 60 1219	5. SEX 6. /	AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) JAN. 3.19	8. B	BIRTHPLACE (State or Foreign Country) WV				
TOR	9a. FACILITY NAME (If not institution, give s SACRED HEART H				N OR LOCATION OF DUMBERLAND	EATH .	9c. COUNTY	OF DEATH LLEGANY				
DIRECTOR	10s. STATE 10s. COUNT	v LLEGANY	10e. C/7	Y, TOWN OR LO	UMBERLAND			10d. INSIDE CITY				
FUNERAL	106 STREET AND NUMBER WILLIAM BOOTS	H TOWERS	110		101. ZIP COOE 2150	2		OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Never Merried 4 Divorced	12. WAS DECEDENT BY FORCEST 1 1 1 IF YES, GIVE WAS C	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic EB 2 ANO Speci	NIC ORIGIN? (Specify 's an, Puerto Rican, etc.)	3000	RACE — American Indian, Black, White, etc. Specify WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondery (0-t2)	College (1-4 or 5+)	16s. DECEDENT'S (Give Rind of No. Do NO? w	USUAL OCCUPY work done during se retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUSTR	100				
MP	UNKNOWN		H	DMEMAKE	~		DOMESTI	C				
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide		OT THE				
BE		E. OLDAKER				GAY SINES						
2	196. MAILING ADDRESS (Street and Mumber or Fluxel Floride Number City or Rows, State, Ep Gode) ROBERT WHITTINGTON KNOBLEY ESTS. RIDGELEY, WV 26753											
	20a METHOD OF DISPOSITION 1 D Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		NETHKEN	CEM.	7-10-93		GARDEN					
	21. SIGNATURE OF THE WHAL SERVICE LIN	James		BOAL 111	CHURCH ST	FUNERAL HO	PORT, MI	21562				
	23. PART/I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that each	on each line.				piratory arreet,	Approximate Interval Between Onset and Death				
CERTIFICATION	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CAUTE VENTUCAN Function Function Function Function Function Sequentially list conditions, pure 10 (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL	PART II. Other algnificant condition Phoumo Chronic					Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
NA	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF OEATH (CI	heck only one)						
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	ome 5 🗆 Rasidence							
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		E OF 28c. I	NJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURE	0				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJ building, atc. (IURY — At home, farm, (Specify)	street, factory, of	fice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED		ICIAN: To the best of my k						use(a) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	n 5.7%	MARC	co D	29c, LICENSE NU	MBER 135	29d. DATE SIG	NED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WH EUGENE MAZZO		DEATH (PTEM 27) (Type	Print)	E CUMBERI.	AND, MD/ 21	502	, , , ,				
	31. DATE FILED (Month, Day, Year) JUL 1219	32. REGISTRAR'S S										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		REGISTRAR	CERTII	FICATE OF DEATH	REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)		2	DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
		ELIZABETH FRANCES WIE	BEL		7 7 9	3 445 M					
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday	F UNDER 1 YEAR F UNDER 24 HRS. 7	DATE OF BIRTH 8	BIRTHPLACE (State or Foreign					
29		212-38-5270 1 D M 2 D F	94 YRS.	MONTHS DAYS HOURS MIN. 8	-8-1898 M	TARYLAND					
3 should	-	9a. FACILITY NAME (If not institution, give street and number)	_	9b. CITY, TOWN OR LOCATION OF DEAT		Y OF DEATH					
2,3	DIRECTOR	CUMBERLAND NURSING HOME CUMBERLAND ALLEGANY									
8	E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. C	TY, TOWN OR LOCATION		10d. INSIDE CITY					
å.	18	MARYLAND ALLEGANY		UMBERLAND		LIMITS?					
a it		10e. STREET AND NUMBER	1_0	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?					
_AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, once.	ERAL	519 WASHINGTON STREET		26753		S.A.					
O Sician Sal-tra	FC		FEVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC	ORIGIN? (Specify Yes or No- 14	I. RACE - American Indian.					
215-0020 attending physics ise as the burial	BY F	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced	YES 2 (X)NO	If yes, specify Cuban, Mexican, F 1 YES 2 X NO Specify:	ruerto Rican, etc.)	Black, White, etc. Specify:					
Sodin as th	ED 8			TAX = Exam		WHITE					
212		15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give land o	S USUAL OCCUPATION I work done during most of working use retired.)	ALLEGANY (
od pital	121	Elementary/Secondary (0-12) College (1-4 or 5+	CHIEF	DEPUTY CLERK	CIRCUIT CO						
LAND the hospit e detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		IS MOTHER'S NAME	(First, Middle, Maiden Surname)	701(1					
Z 3 2 2	O I	JOHN SCREEN			TH GOULD						
MARY retained by 5 should b	00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street and Number or Rural Rou		ode)					
	임	MARY McDONALD		4 CROSS LANE-SE							
RE, may be c, page		20a. METHOD OF DISPOSITION 1 □XBurial 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Name of	DATE 20c. LOCATION - CR						
ALTIMOR death. Page 6 ma fruncial director, p.		4 Donation 5 Other (Specify)	ARLINGTO	N NATL . CEM. 7-/a		GTON, VA					
death. Pag tuneral dir I.	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		GEORGE - UPCHUR	CH EIINEDAI P	JOME D V					
		Monde D. Yorch	unch	202 GREENE ST	CUMBERLAND) MD 21502					
B nours efter of in by the or removal.		23. PART I. Enter the diseases, or complications that	caused the death. Do	not enter the mode of dying, such a	s cardiac or respiratory arres	et, Approximate					
24 hours filled in on, or re		iMMEDIATE CAUSE (Final	se on each line.			interval Between Onset and Death					
" L = =		disease or condition resulting in death)	Respirato	faiture.							
		DUE TO	OR AS A CONSEDUENCE	जना <i>र्ग</i>							
687 secuted and con burial,	2	Sequentially list conditions,	COPD								
	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DR AS A CONSEDUENCE	OF):							
O. BOX ertificate be ing physician rigiene prior t	윤	CAUSE (Disease or injury	OR AS A CONSEDUENCE	OFI:							
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DS, P.O. BO) the death certificate be the attending physicial Mental Hygiene pror injury, or other trau	뜅	d									
RDS, lat the dear by the att and Menta	N N	PART II. Other significant conditions contributing to		in the underlying cause given in Pa	1 I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
O = 8 = 8	EDICAL	- Bruc	steuris		1 - YES 2 NO	COMPLETION OF CAUSE OF DEATH?					
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VITAL IAN: The lan tificate has e State Dep	호	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Check							
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O FF star po		27. MANNER OF DEATH 1 Netural 5 Pending 26a. DATE OF (Month, Da	INJURY ny, Year) 28b. Ti	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	d. DESCRIBE HOW INJURY OCCUI	RED					
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DIVISION OR ATTENDING DIRECTOR: After Nove after death Hem 28 is man	윤	4 Homicide determined building,	etc. (Specify)	street, factory, office	if. LOCATION (Street and Number or City or Town, State)	Hurel Houte Number,					
DIVISION ATTENDIBLECTOR: Nour after tem 28 is	LET	29a. CERTIFIER CERTIFYING PHYSICIAN, TO M. A.									
E E	COMPL	(Check only one) 2 MEDICAL EXAMINER: Do the beel of ax		red at the time, data and place, and due to							
(子辈)		29b. SIGNATURE AND TITLE OF CERTIFIER									
1 1 2	8	Relevandali	111	29c. LICENSE NUMBE	98) 29d. DATE S	SIGNED (Month, Day, Year)					
-E5¥₹	임	30. NAME AND ADDRESS OF PERSON WITD COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ	e, Print)	10/	11/7					
/		P.B. HALA	05 302	Schley St Cum	terland . Md	(2150					
	. 11	24 DATE EN ED (Month Der Word	P'S SIGNATURE		-/-	•					
-	1	31. DATE FILED (Moorts, Day, You') 8 1993 32. REGISTRAL	TO STORESTORE			4.4					

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FOR STATE REGISTRAR

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		1. DEGELETT S TEAME (Fast, MICCIN, LESS)						2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH				
- 1		MAXINE TMES YOK 4. SOCIAL SECURITY NUMBER						07	10	93	1.30 P M				
ł		216-22-5906	1 🗆 M 2 NF	6. AGE (In yrs. less		IF UNDER 1 YE		(Month, D	ey. Year) 16 1923	Countr	PLACE (State or Foreign Y) LAND				
Į.	~	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
	DIRECTOR	SACRED HEART HO	SPITAL.			CUI	BERLAND		A	LLECAL	NY.				
	E	10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LO	CATION		10d. II						
			FORD		CI	LEARV]	LLE				LIMITS? 1 YES 2 NO				
	₹.	10e. STREET AND NUMBER					10f. ZIP CODE		10g. C	CITIZEN OF V	WHAT COUNTRY?				
	FUNERAL	RFD#3 BOX#313	T				15535			U.S.A					
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		If yes	DECENDENT OF HIS , apacity Cuban, Mai YES 2 NO Sp	dcan, Puerto Rici	Specify Yea or No-	Black	- American Indian, c, White, atc.				
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	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)									
once.	COMPI	17. FATHER'S NAME (First, Middle, Last)	r <u>z</u>	ALLI	EGANY	CO. S			ON SERVI						
ed at or	BE CC	REGIA LEE IMES			_		GLADYS	MILDRE	Ne, Maiden Surname D BENNET	T					
	2	198. INFORMANT'S NAME (Type/Print) LEMUEL YOKUM					eet and Number or Ru 3 CLEAR¥								
		29a METHOD OF DISPOSITION 1 Buriet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		BENNET				3 1993	20c. LOCATION CLEARVI						
examiner must		21. SIGNATURE OF FUNERAL SERVICE LIN	ENSEE .			MERI	RITT-ADAM	IS FUNER		-					
		23. PART I. Enter the diseases, or	complications that	caused the de-	eth Do no	404	DECATUR	STREET	CUMBERL	AND, N					
, the medical		ehock, or heert failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List only one cause	e Dn eech line.	L-	Larly	mode or dying, s	uch ea cardied	or respiretory	arreat,	Approximete Interval Between Onset and Death				
event,	İ	tooning in duality	OUE TO (P A CONSEC	UENCE OF:)					- /				
	8	Sequentielly list conditions,	b	neum							3 Wh				
traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING	00 10 (0	OR AS A CONSEQ	UENCE OF):	mi					Correspon				
	은 II	CAUSE (Disease or Injury that initiated events	c. DUE TO (C	OR AS A CONSEQ	UENCE OF):						00				
6	CERTIFI	resulting in death) LAST	d								· i				
		PART ii. Other significent condition	s contributing to d	leath but not m	aultine in	the contest	de a servicio ab co								
2	<u>8</u>	almh. I	titum	and de	Acer	the under	ying ceuse given	i	e. WAS AN AUTOPS PERFORMED?	3Y 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
6		300	1		1			1	YES 2 NO		OF DEATH?				
60	Σ							-			1 TES 2 NO				
m 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL				28	. PLACE OF DEATH	Check only one)							
or item		EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	forme 5 - Resident	e 8 🗆 Other (S	pecify)						
Wed,	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident trivestigation	28a. DATE OF IN (Month, Day,	NJURY ; Year)	28b. TIME (OF 28c.	INJURY AT WORK? YES 2 NO		BE HOW INJURY O	OCCURED					
28 14	ETED E	3 Suicide 8 Could not be determined	28s. PLACE OF building, et	INJURY — At hor	ne, ferm, str	et, factory, o	ffica	281. LOCATIO	ON (Street and Numbown, State)	ber or Rural R	oute Number,				
Item		29a. CERTIFIER (Check only	CIAN: To the best of m	ly knowledge, dea	rth occurred	at the time,	fata and place, and o	lus to the cause(a) and menner as a	stated					
MPORTANT: If Item	COMPL	2 MEDICAL EXAMINE	R: On the beals of axes				n, death occured at	the time, data and	place, and due to	the cause(a)					
МРОЯ	10 BE	29b. SIGNATORN AND TITLE OF CERTIFIE	Som 1	2			DI23	32	29d. D.	T SIGNED	(Month, Day, Year)				
1		30. NAME AND ADDRESS OF PERSON WH	BREZA	SACRED			ITAL CUM	BERLAND	, MARYLA	ND 2	1502				
		JUL 12 1933	32. REGISTRAR	S SIGNATURE											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020	AAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The fitter has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the Stan fleet of Health and Mental Hunlan prior in burial companion or named.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF THE CIME HYBICIAN: The law requires that the death certificate be executed within 24 hy	TO THE FUNERAL DIPERFORM THE INFORMATION HAS been signed by the attending physician and completely filled in by the familiar within 72 hours. The filled within 72 hours are compassion or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

	1. DECEDENT'S NAME (First, Middle, Last) Audrey Lee Yo						2. DATE OF DO 7 - 8 - 1	EATH DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER									11:00 P.			
	- Value of the second s	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	HOURS MIN	10.0 10	PATH (Year)	8. BIRTI	HPLACE (State or Foreign			
	215-44-8938	1 □ M 2 💢 F	50	YRS.						Tyland			
OC.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH Residence-316 Cumberland Street Cumberland Allegany												
DIRECTOR	RESIDENCE OF DECEDENT												
H	10a. STATE 10b. COUNT	тү		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY			
		egany		Cu	mberla	ind				1 N YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	7			10	I. ZIP CODE		10g. CI		WHAT COUNTRY?			
NEF	316 Cumberland					2150			US	A			
	11. MARKTAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	L AER SX XV	MED 10	If yes, ap	ecity Cuben, Mex	PANIC ORIGIN? (Spican, Puerto Rican,	ecify Yee or No-	14. RAC Blac	E — American Indian, ik, White, etc.			
B	3 Widowed 4 X Volvorced	IF YES, GIVE W	AR OR DATES		1 TYES	ZX NO Spe	icify:		Spec	Black			
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed	16a. DE	CEOENT'S L	JSUAL OCCUPATION	ON and working	16b. KIND	OF BUSINESS/II	IOUSTRY	DIGOR			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5) [ork done during mo retired.)								
A P				USX 1	Transpo			ailroa	d				
8	17. FATHER'S NAME (First, Middle, Last) Ralph Spriggs	Sr					NAME (First, Middle,						
BE	19e. INFORMANT'S NAME (Type/Print)	, DI.	101	h MAH INO	ADDDECK (Ob4		tine Sp						
5	Robert D. Youn	ger	60	04 F1	rederi	ck Str	er Houte Number, Cit	nherlar	ip Code) M.	d. 21502			
	20a, METHOD OF DISPOSITION		20b. PLACE	AND DATE OF	F DISPOSITION (Na	ame of	DATE	20c. LOCATION -	- City or To	bwn. State			
	1 Donation 6 ☐ Other (Specify)	noval from State	Restr	Täver	i Mem.	Garde	ns 93	Freder	ick	own, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE L	1 1			22. NAME A	AD ADDRESS OF	FACILITY						
	> Ernest a	. Rily. /			Least	re-Ste	in, Inc	50230	Balt	imore Av.			
	23. PART I. Enter the diseeses, or	complications the	ceused the de	ath. Do no	ot enter the mo	de of dying, s	uch es cerdiec d	or reepiratory e	rrest,	Approximate			
	shock, or heert fellure. IMMEDIATE CAUSE (Finel	. List only one ceu	se on eech line		11					Onset and Death			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. OUE TO (OR AS A CONSEQUENCE OR)												
		OUE TO (OR AS A CONSEQUÊNCE OF):											
NO N	Sequentielly list conditions,	b	OR AS A CONSEC	DIJENCE OF									
E	if sny, leading to immediate cause. Enter UNDERLYING			ounce or ,	•								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF)	*								
ᇤ	resulting in deeth) LAST	d											
	PART II. Other significent condition	ns contributing to	deeth but not n	esulting in	the underlying	Cettee civen	In Part 1 24a	WAS AN AUTOPSY		. WERE AUTOPSY FINDINGS			
MEDICAL			annhy		-	g couse given		PERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
유							¹□	YES 2X NO		OF DEATH?			
										1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. Pt	ACE OF OEATH	Check only one)						
SIC	1 VES 27 NO	HOSPITAL:	ER/Outpatient 3		OTHER: 4 - Nursing Hom	e XXResidenc	e 8 🗆 Other (Spec	cify)					
H	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIME INJU		URY AT	28d. DESCRIBE	E HOW INJURY O	CCUREO				
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO							
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At hou atc. (Specify)	me, ferm, sti	reet, factory, offic	•	281. LOCATION City or Town	l (Street end Numb n, State)	er or Rural I	Route Number,			
1	29e. CERTIFIER				-								
COMPLETED	(Check only 1 A CENTIFTING PHYS									e) end menner se atated.			
			77	riveatigation	, in my opinion, a			plece, end due to	the ceuse(e) end menner se atated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	brandit.	for			29c. LICENSE N				(Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	E OF OFATH ATEN	4 27) /Time /	Print)	レうし	5766		1-3-	1223			
		The second secon	wantill files										
	Dr. Vik Poonai			k . St	t. Cum	harlan	S EM S	21 5 0 2					
	Dr. Vik Poonai	955 Fr	ederic	k, St	t. Cum	berlan	d,Md. 2	21502					
	Dr. Vik Poonai	955 Fr	ederic	k, S	t. Cum	berlan	d,Md. 2	21502					

Mark Town

BALTIMORE, MARYLAND 21203-3146

ON OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CENI	IFICATE OF		REG. NO).	
	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH	DAY YE	3. TIME OF DEAT
	Roger E. Zi	mmerman				W875 24	9 ⁴ 3	3:30
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	BIRTHPLACE (State or Fo
	215-10-2543	1X M 2 F	87 YR	is.		(Month, Day, Year) 10-05-05	M	aryland
OB	90. FACILITY NAME (If not institution, g Frederick Mem	orial Hosp	ital		or location of de derick	EATH	9c. COUNTY	of DEATH ederick
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
<u> </u>	Maryland F	rederick		Walker				LIMITS?
_	10e. STREET AND NUMBER	reaeveek			f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	82 W. Main St	root			21793	3	u	ISA
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMED		CENDENT OF HISPAN	NC ORIGIN? (Specify Ye		RACE — American Indi Black, White, etc.
BY	1 Never Married 2 Nevered 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NO		S 2 X NO Specify	n, Puerto Ricen, etc.) y:		Specify: white
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	(Give kind	NT'S USUAL OCCUPATI		16b. KIND OF BI	USINESS/INDUST	RY
ш	Elementary/Secondary (0-12)	College (1-4 or 8+	He. Do No	OT use retired.)		Wachte	n Brost	Glade Bak
₩	7		compa	ny repres				ocute stile
	17. FATHER'S NAME (First, Middle, Last				100	ME (First, Middle, Maide		
BE	Edward Zimmer	man		LING ADDRESS (Street		<u>ide Remsbu</u>		
2								le)
	Mrs. Lillie 7	ammerman		BOX 275			OCATION - City	os Town State
	1 Buriel 2 Cremetion 3 4 Donation 8 Other (Specify)	Removal from State	other place)					All the sections and
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- IML. HOD	e Cemeteri	ND ADDRESS OF FA	CILITY	oodsbor	.O. MU
		1	1	Stau	hher Fune	eral Homes	. P.A.	
	23. PART I. Enter the diseases,	201 Tel	erson	/ P.O.	Box 1819	Frederi	ck. MD	21702
NO	Sequentially list conditions,	Lar or DUE TO	CON AS A CONSCOUENCE OF AS A CONSCOUENCE MG	ellitus	isease.			
TIFICATI	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEQUENC	CE OF):				
CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury		(OR AS A CONSEQUENT	CE OF):				
ICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d.			ng cause given in	PERFO	IN AUTOPSY DRMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF
DICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.			ng cause given in		ORMED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.			ig cause given in	PERFO	ORMED?	AVAILABLE PRIOR COMPLETION OF
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond	diitiona contributing to		ling in the underlying	ng cause given in	PERFC	ORMED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond	d		ting in the underlying in the	LACE OF DEATH (CH	PERFO	ORMED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER?	d. AL HOSPITAL: 1 Inputent 2 28e. DATE OF	death but not result	26. P OTHER: OA 4 Nursing Hot	PLACE OF DEATH (C/r) The 8 - Residence JURY AT	PERFO	PRMED?	AMALABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO d. AL HOSPITAL: 1 Inputlent 2 25e. DATE OF (Month, D.)	death but not result	28. P OA OTHER: OA I Nursing Hore NURSURY 28c. IN	PLACE OF DEATH (C/r	PERF(1 YES 1 YES Other (Specify)	PRMED?	AMALABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO d. Input Dick Di	death but not result DEP/Outpetient 3 Do INJURY Ley, Year) DF INJURY — At home, for	28. P OA OTHER: OA A Nursing Hor NURS OF Sec. IN INJURY M 1	PLACE OF DEATH (C/r The 8 Residence JURY AT ORK? YES 2 NO	PERF(1 YES 1 YES 6 Other (Specify) 26d. DE\$CRIBE HOW 28f. LOCATION (Street	PRMED? 2 NO 7 INJURY OCCURE	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate	DUE TO d. AL HOSPITAL: 1 inputient 2 26e. PLACE O building.	death but not result	28. P OA OTHER: OA A Nursing Hor NURS OF Sec. IN INJURY M 1	PLACE OF DEATH (C/r The 8 Residence JURY AT ORK? YES 2 NO	PERF(1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HOW	PRMED? 2 NO 7 INJURY OCCURE	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investiges 2 Accident 1 Could no determine	AL HOSPITAL: 1 Inputent 2 Contribution (Month, Detailed in particular particu	death but not result ER/Outpetient 3 DX INJURY 28b Sey, Year) 28b OF INJURY — At home, fact. (Specify)	26. P OTHER: OA 4 Nursing Hor NURSY M 1 = arm, street, factory, offi	PLACE OF DEATH (C/r) THE 8 Residence JURY AT ORK? YES 2 NO	PERF(1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State	PRMED? 2 NO 7 INJURY OCCURE the and Number or Res	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat (Investigate 1) Accident 3 Suicide 8 Could no determine (Check only 1) CERTIFYING F. (Check only 1) CERTIFYING F.	DUE TO d. AL HOSPITAL: 1 inputient 2 26e. PLACE O building.	death but not result ER/Outpetient 3 DX INJURY 28b Specify) 28b FINJURY - At home, fit etc. (Specify) my knowledge, death oc	26. P OTHER: OA 4 Nursing Hor NURSY M 1 = arm, street, factory, officerring at the time, dat	PLACE OF DEATH (C/r me 8 Residence JURY AT ORK? YES 2 NO Ce e end place, end due	PERF(1 YES 1 YES 1 YES 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end m	PRMED? 2 NO 7 INJURY OCCURE the end Number or Report of the stated.	AMARLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 ED Bural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat (Investigate 1) Accident 3 Suicide 8 Could no determine (Check only 1) CERTIFYING F. (Check only 1) CERTIFYING F.	DUE TO d. AL HOSPITAL: 1 Inputlent 2 25e. DATE OF (Month, D. 25e. PLACE O building, ed	death but not result ER/Outpetient 3 DX INJURY 28b Specify) 28b FINJURY - At home, fit etc. (Specify) my knowledge, death oc	26. P OTHER: OA 4 Nursing Hor NURSY M 1 = arm, street, factory, officerring at the time, dat	PLACE OF DEATH (Chime 8 Residence JURY AT ORK? YES 2 NO ce e end place, end due death occured at the	PERFC 1 YES 1 YES 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end must time, date and place, a	ORMED? 2 NO I INJURY OCCURE It and Number or Rele)	AMARLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 ED Fural Route Number,
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 1 Natural 5 Pending 1 Natural 6 Could no determine 29. CERTIFIER (Check only one) 2 MEDICAL EXA	DUE TO d. AL HOSPITAL: 1 Inputlent 2 25e. DATE OF (Month, D. 25e. PLACE O building, ed	death but not result ER/Outpetient 3 DX INJURY 28b FINJURY At home, first. (Specify) my knowledge, death or examination end/or investi	26. P OA OTHER: OA 4 Nursing Hor NUTHER OF 1 1 NURRY M 1 1 Nursing Hor NIJURY M 1	PLACE OF DEATH (C/r The 8 Residence JURY AT ORK? YES 2 NO Ce e end place, end due death occurred at the	PERF(1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) 1 to the cause(e) end me time, date and place, towns MBER	PRMED? 2 NO 7 INJURY OCCURE It and Number or R Perner as stated. and due to the ce	AMARLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 ED Bural Route Number,

A.	9	7.2,38	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permitters to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle Irint		ey			J. DEA		2. DATE OF DEATH MONTH DA	NY /	YEAR 757 M	
	4. SOCIAL SECURITY NUMBER 217-68-540	9 5. SEX	A. AGE (In yrs. Is	YRS.	F UNDER 1 YEA	rs HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	15	e. BIRTHPLACE (State or Foreign Country) Balto. Maryland	
стоя	Meridian Peri	ring Parkway		Nursing St. CITY, TOWN OR LOCATION OF Baltimore				ATH		TINOF C	
DIRECTOR	Maryland Ba		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL	1801 Wentwort	h Road				101. ZIP COO	21	234	10g. CITE	ZEN OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES?	YES 2 🔀	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					or No-	- 14. RACE - American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		(C)	ECEDENT'S US Give kind of wor b. Do NOT use of EVEY W	k done during etired.)	most of working	g	166. KIND OF BUS	RNESS/INO	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) William Edgar Almoney 18. MOTHER'S NAME (First, Middle, Meiden Surmame) Ada Alda Matson										
TO 8	J. Raymond Mat	,	19	h mailing ai 136 Gy	poness (Streenri	dge Ro	or Rural R	oute Number, City or Town therville	Md.	^{Code)} 21093	
	20a. METHOD OF DISPOSITION 1	7	20b. PLACE cemetery, cri	and date of ematory or other Cemete	place)	I (Neme of		7/28/ Fat	wn Gr	Otty or Town, Stata OVe, Pa. 17321	
	21. SIGNATURE OF FUSERAL SERV	Latters	tari		19 S	S. Mai	n St.	"J.J. Ha ., Stewart	rtens stown	stein Mortuary,In n, Pa. 17363	
	23. PART I. Enter the disease spork, or heart fe immediate CAUSE (Finel disease or condition resulting in death)	aa.	t caused the dese on each line (OR AS A CONSE	1°C	0	mode of dyl	_		atory arre	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEON EXAMINER?	HOSPITAL:) FD(0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		THER	PLACE OF O					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig		INJURY	28b. TIME C	0F 28c.	INJURY AT WORK?		Other (Specify) 28d. OESCRIBE HOW IF	JURY OCC	URED	
	3 Suicide 8 Could n 4 Homicide determin	28e. PLACE O	F INJURY — At ho etc. (Specify)	ome, farm, stre	et, factory, o	ffica		281. LOCATION (Street a City or Town, State)	nd Number (or Rural Route Number,	
COMPLETED		PHYSICIAN: To the beat of AMINER: On the basis of a								e cause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CE	M'C	> F4.1			D C	NSE NUMI	BER S S	29d. DATE	SIGNED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAU	SE OF DEATH (FTE	M 27) GYPS, Pr	int) D	i' Ci	0	pet D			
- 4	31. DATE FILED (Month, Day, Year)	7 1	R'S SIGNATURE						1		

3

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND	DEPARTA	MENT OF H	EALTH AND	MENTAL HYGI			2000	
	1. DECEDENT'S NAME (First, Middle, Last) MARY I, AWSON	V BEARI)				2. DATE OF DEATH	н	/EAR	OF DEATH	
1000	4. SOCIAL SECURITY NUMBER 220-20-3430	5. SEX 6. 1 M 2 X F	AGE (In yrs. le	7.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Yea Sept 30	7) 8.	BIRTHPLACE (Country)		
CTOR	9a. FACILITY NAME (If not institution, give s Sinai Hospital RESIDENCE OF DECEDENT	reet and number)		91	Balti	more	DEATH		Y OF DEATH		
- DIRECTOR	Maryland 106. COUNTY	′			own on Loca timore				10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	3504 Cedardale Ro	ad			10	21215			CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMEO NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc. fy:	Yes or No- 14	14. RACE — American Indian, Black, Whita, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5+)	in (ii	ECEDENT'S USI Give kind of work e. Do NOT use re	done during mo tired.)	st of working		BUSINESS/INDUS	Black Black		
NO	17. FATHER'S NAME (First, Middle, Last)		I ^v la	aintena	nce wo		AME (First, Middle, Mai	ontinent	cal Can		
BE C	Joseph Lawson					Cora I		den sumame)			
10 B	19a, INFORMANT'S NAME (Type/Print)		11	9b. MAILING AO	DRESS (Street a		Route Number, City or	Town, State, Zip Co	ode)		
F	Franklin Beard					e Road		ore, MD	21215		
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	cametery, cr	ANDDATE OF D rematory or other ational	placel	med ial Park	DATE 20c	LOCATION - CITY	y or Town, State		
ĺ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		OLONGI	22. NAME A	ID ADDRESS OF F	Nutter	r Funera	1 Home	g. Inc	
_	*Kein f	askes			Balti	more, Ma	alls Pari	way 21216		b/ IIIC.	
CERTIFICATION	23. PART I. Enjer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory erreat, shock, or heart feliure. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE DF):										
PHYSICIAN: MEDICAL (PART II. Other significent condition	s contributing to dea	ath but not	resulting in t	ne underlying	j ceuse given in	PER	AN AUTOPSY FORMED?	AWAILABI COMPLE OF DEAT	TIOPSY FINDINGS LE PRIOR TO TION OF CAUSE H? S 2 \(\text{ND} \)	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outpetient	01	THER:	ACE OF DEATH (C	s Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	URY	29b. TIME DI	28c. INJ WO		28d. DESCRIBE HO	W INJURY OCCUR	RED		
	3 Suicide S Could not be detarmined	Suicide S Could not be 2sa. PLACE OF INJURY — At home, ter building, etc. (Specify)					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my	knowledge, denation end/or	aeth occurred at	the time, data my opinion, d	and place, and due	to the cause(s) and time, date and placa	manner as stated.	euse(a) and mar	nner as stated.	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 29 NAME AND ADDRESS OF DECOMP	Jun 66				29c. LICENSE NUI	MBER SO	29d. DATE SI	IGNED (Month, D	lay, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	400		M 27) (Type, Prin	_	Cal	Bal 6	RO.	6 any	nd say	
Û	31. DATE FILED (Month, Day, Year) 2 9 1993	32. REGISTRAR'S	SIGNATURE AND	482							

3. TIME OF DEATH

Jena 1		MITH	BryAn)				2. DATE OF DEATH MONTH	2 -
SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. feet birthday)	# UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	
15-24-8:	352	1 🗌 M 2 💆 F	75 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	17
FACILITY NAME (If not ins	stitution, give st	reet and number)		96. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. C
ercy Hospi	tal			Ва	ltir	nore			
STATE	10h COUNTY		1						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ĺ	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	Vernal Sm		MAR	7					23 63 /250 P			
	4. SOCIAL SECURITY NUMBER 5. SE		yrs. (bet birthday)	IF UNDER 1		IF UNDER		7. DATE OF B (Month, Day			8. BIRTHPLACE	(State or Foreign
			75 YRS.	MONTHS	DAYS	HOURS	MIN.	7/		17 N	Country)	Carolina
_	9e. FACILITY NAME (If not institution, give street and	number)		9b. CITY,	TOWN OF	LOCATIO	N OF DE	ATH			TY OF DEATH	201011110
DIRECTOR	Mercy Hospital			Baltimore								
E	10a. STATE 10b. COUNTY		10c CIT	10c. CITY, TOWN OR LOCATION							110105 0171	
8	MO			ОП.						, L	INSIDE CITY	
	10e. STREET AND NUMBER			146		ZIP CODE				1 X YES 2 NO		
8	702 mt 1	Holle Sta	· .			217	22.0	9		USA.		
FUNERAL	11. MARITAL STATUS 12. W	S DECEDEN EVER IN	J.S. ARMED	13. W	AS DECE	NOENT OF	F HISPAN	IC OBIGINS (Se	acifu Vaa	ecify Yee or No. 14. RACE — American Indian.		
		PRCES? 1 TYES YES, GIVE WAR OR DAT	2 XNO	14	yes, spec	cify Cuban	i, Mexicar	n, Puerto Rican	, etc.)	or No-	Black, White	e, atc.
BY	3 ₩idowed 4 Divorced				_ 12.0 2		оросну.				Specify:	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed)	16e. DECEDENT'S (Give kind of v					16b. KIN	OF BUS	INESS/INDU		
91		ge (1-4 or 5+)	life. Do NOT us	e retired.)	ang most	o working	•					
₹ I	High School		Cashi	er				P	antr	y Pri	.de	
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Mid						, Maiden :	Surname)		
BE	Jacob D. Smith						ha Ann					
2	19a. INFORMANT'S NAME (Type/Print)							loute Number, C				
	Roy Bryan	1532				<u>d</u>				~	21239	
	20q. METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Removal fro	PLACE AND DATE OF THE COLUMN TO THE COLUMN T	her place	TION (Nam	ne of		OATE			ity or Town, Sta		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	outus Me					1/29	Bal	timor	e Coun	ity, MD	
	blown	,	22. N	AME AND	CTUTO	S OF FAC	Nut	ter	r Funeral Homes, Inc.			
	Ferm		Ba	alti	Gwyni more	ar Kw 21	216					
	23. PART I. Enter the diseases, or compile	ations that caused to	the death. Do n	ot enter t	ha mod	e of dyln	ng, such	as cerdiac	or respli	atory arre		Approximate
- 1	IMMEDIATE CAUSE (Finel Interval Between Onset and Death										Interval Between Onset and Death	
	disease or condition .									bmighter.		
ı		OUE TO (OR AS A C	ONSEQUENCE OF	NSEOUENCE OF):								777.40
Z	Sequentially list conditions, b.											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):								
윤	CAUSE (Disease or Injury 6.	OUE TO (OR AS A C	ONSEOLIENCE OF	٦.								
	that initiated events resulting in death) LAST	00L 10 (01 AS A 0	ONSEQUENCE OF);								
E I	d											
	PART II. Other significant conditions contri		not resulting I	n the und	erlying	cause gi	ven in F	Part I. 24a.	WAS AN A			AUTOPSY FINDINGS
음	Pt. on Dialysis							_ 1	YES 2	1	COMPL	LETION OF CAUSE
MEDICAL											OF DE	YES 2 NO
z								_				
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DE	ATH (Chec	ck only one)				
PHYSICIA		PITAL: patient 2 - ER/Outpat	lent 3 🗆 DOA	OTHER:		5 🗆 Res	idence 8	8 Other (Spe	cify)			
E		(Month, Day, Year)	26b. TIMI	OF 2	8c. INJUF WORI			28d. OESCRIB	E HOW IN	JURY OCCU	RED	
à	1 Natural 5 Pending 2 Accident Investigation			М		S 2 _	NO					
	Codid not be	Be. PLACE OF INJURY — building, etc. (Specify	At home, farm, s	treet, factor	y, office		$\neg \top$	28f. LOCATION City or Tox	(Street ar	nd Number o	Rural Route No	umber,
ᇫ	Check only 1 CERTIFYING PHYSICIAN: To	the best of my knowled	lge, death occurre	d at the tim	e, date er	nd place,	end due t	to the cause(e)	end men	ner ee stated	ı.	
COMPLET	one) 2 MEOICAL EXAMINER: On th	e baels of examination e	nd/or investigation	ı, ln my opi	nion, dea	rth occure	d at the t	lime, data and p	place, and	due to the	cause(e) and m	nanner as stated.
BE	296. SIGNATURE AND EIFLE OF CENTIFIER				2	29c. LICEN	SE NUMI	BER /	T	29d. OATE S	SIGNEO (Month,	One Year)
						111	<i>r</i> .	1				Day, reary
	- Juta 4 4	well H	11).		- 1	R	esca	CNT	-	7/	23/92	Day, real)
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEAT				22	esid	ent		7/	23/93	3
	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEAT		Print) Perter	-/	22	s. E	ent	re s	3+1.	23/93	S
	ans of Mary/AM	LETED CAUSE OF DEAT NO MEN REGISTRAR'S SIGNAT DAVIDSON—ROT	VER CE		-/	22	s. E	cat	e e	> 7/ str.	23/93	2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

Dennis

31. DATE FILED (Month, Dey, Year)

JUL 2 9 1993

Chu

32. REGISTHAR'S SIGNATURE

	blh											93	22082		
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	RTMEN	T OF H	HEALTH	AND I	MENTAL				22002		
	1. DECEDENT'S NAME (First, Middle, Last)	-			IOAI		DLA		2. DATE	REG. NO).	1 3	TIME OF DEATH		
	Lula	Pio	chower						MONTH 0.7		DAY 1.0	YEAR	7 Dec 100 Dec 100		
		5. SEX	6. AGE (In yrs. Id	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BIRTH	1	93	ACE (State or Foreign		
- Vo	215 18 9138	1 🗌 M 2 💢 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month)	9722	7/22 Country) Md.				
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE	-	77 00	9c. COUN	TY OF DEAT			
E O	1708 S. Hanove	r Ctro	· +	Baltimore											
5	RESIDENCE OF DECEDENT	SITE						ore.							
DIRECTOR	Md. 10a. STATE 10b. COUNTY			10c CITY, TOWN OR LOCATION 1708 S. Hanover St. Balt							10d. INSIDE CITY LIMITS?				
	10a, STREET AND NUMBER			170	00 0	_			Ball	to.Md			YES 2 NO		
FUNERAL	1708 S. Hanover S	troot		10f. ZIP CODE							100		T COUNTRY?		
빌		12. WAS DECEDEN	T 57/50 M (10 A	21230 ARMED 13. WAS DECENDENT OF HISPANIC ORIG								S.A.			
马	1 Never Married 2 Married	YES 2 X		13.	If yes, sp	ecify Cuba	n, Mexica	n, Puarto R	(Specify Yelcan, etc.)	s or No—	Black, W	American Indian, fhita, atc.			
BY	3 Wildowed 4 Divorced	AR OR DATES			1 [] YES	2 () [NO	Specify	<i>/</i> :		- 1	Specify:	White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	18a. D	ECEDENT'S	USUAL C	CCUPATIO	DN		16b.	KIND OF BU	SINESS/INDU	JSTRY			
	Elamentary/Secondary (0-12)	College (1-4 or 5+	1/4	B. Do NOT us	se retired.)	auring mo	IST OF WORKIN	g							
₩ P	7th			seams	tres	SS				clo	thing	mfrg	•		
8	17. FATHER'S NAME (First, Middle, Last) Charles T. Bi							iddle, Maiden							
BE		erbower								A. G:		_			
ဥ	19a. INFORMANT'S NAME (Type/Print) Sophia E. Alt				ALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	525 Brightview Dr. Millersville Md. 2110														
	20a. METHOD OF DISPOSITION 1														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									4.					
	Gonce Funeral Home								ome_P	.A.					
	4001 Ritchie Hwy. Baltimore Md. 2122									. 21225					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final										Onset and Death				
	disease or condition resulting in death) a. Atheros class fc Cardiovas cular Disease Due TO (OR AS A CONSEQUENCE OF):														
_		302.10	(OII NO A CONSE	OULHUL O).										
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	F):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury												[
E	that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	F):										
ᇤ	resulting in death) LAST														
2	PART ii. Other significent conditions	contributing to	deeth but not	resulting	n the u	nderlying	COURA O	iven in i	Dart i	24a. WAS AN	ALITOBEV	045 405	THE ALITONOV PRINCIPLE		
S							g codec g		- 1	PERFO	RMED?	All	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE		
									-	1 TES 2	2 NO	OF	DEATH?		
2									-			1 (YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Che	ick only one						
PHYSICIAN: MEDICAL		HOSPITAL:	ER/Outpatient :	DOA	OTHE	R:			8 🗆 Other		·				
¥	27. MANNER OF DEATH	28a. OATE OF (Month, Da	INJURY	28b. TIM	E OF	28c. INJ	URY AT				INJURY OCCI	JRED			
BY	1 Natural 5 Pending 2 Accident Investigation	(MONI), DE	y, rour)	INJ	URY M	_	RK? /ES 2	NO							
	3 Suicide 8 Could not be	28a. PLACE Of building,	F INJURY — At he	oma, farm, s	treet, fac	tory, office			28f. LOCA	TION (Street Town, State)	ION (Street and Number or Rural Route Number,				
I	4 Homicide determined								Oily Oi	iowii, State)	,				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge, de	ath occum	d at the	time, data	and placa,	and dua	to the caus	e(a) and mar	nner as state	d.			
S S	one) 2 MEDICAL EXAMINER:	On the basis of ex	amination and/or	Investigatio	n, in my	opinion, d	eath occur	ed at the f	time, data a	nd place, ar	nd due to the	cause(a) an	d manner as stated.		
w li	296. SIGNATURE AND TITLE OF CERTIFIER	100					29c. LICE						onth, Day, Year)		
0 8	Comi	4 Chr	se un				0.0	.м.	Ε.		• 0	7 22	1993		

Baltimore,

and the state of t

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physicia	4 hours efter death. Page 6 may be retained by the hospital or attending physicial
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IMPORTANT. If Item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIE						
ģ	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	ROOSEV	et m	DI		7-24-	O 2	AR				
	4. SOCIAL SECURITY NUMBER	T T	yrs. ligst birthday) _ IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		NRTHPLACE (State or Foreign				
	118-11-2901	1 M 2 D F	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		Country)				
	210013131		6		310-1	707	5.0.				
~	So. FACILITY NAME (If not institution, give s		9b. CITY	, TOWN OR LOCATION OF E	DEATH 1 +	9c. COUNTY	OF DEATH				
Ö	1224 S. Hanov	er Street		Baltimore	e ()ilu		na				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT										
DIRECTOR		r	10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY LIMITS?				
- 1	Maryland	na	Ba	ltimore			1 PES 2 NO				
4	10s. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
E	1224 S. Hanove	er Street		1		1					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		WAS DECENDENT OF HISPA	UNIC ORIGIN? (Specify Ye	14.	RACE — American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cubso Mexic	an, Puerto Rican, etc.)		Black, White, etc.				
BY	3 Widowed 4 Divorced			T IES I D INO Spec	ny.		Specify: Black				
COMPLETED	15. DECEDENT'S EDU		16a. DECEDENT'S USUAL O		16b, KIND OF BI	JSINESS/INDUST					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done iffe. Do NOT use retired.)	during most of working		1. 1	1				
2	Comments (o-12)	College (1-4 of 5+)			Both	lohan	< Tool				
2	17. FATHER'S NAME (First, Middle, Last)	1		40 100000000000		KANKA	1 Sieci				
	The state of the s	2 -1		18. MODIFER'S N	AME (First, Middle, Majde	(Surname)					
BE	r ICUALIS E	PUSD		1965	110 110	WARD					
6	19a. INFORMANT'S NAME (Type/Print)	1	196 MAILING ADDRESS	(Street and Number of Payra	Royte Number, City or To	wn, State, Zip Cod	0)				
	Mr. Joseph N	aush	KTIDO	442/K11	be.WAU	5.0	24130				
	20s. METHOD OF DISPOSITION	26b.	PLACE AND DATE OF DISPOS	ITION (Name of	PATE 200.	CATION - City	or Town, State				
	1 Burial 2 Cremation 3 Rem	oval from State	creptatory or the plece)	1 om	1/20 /	alt	1. Tol				
- 1	21. SHOWATURE OF FUNERAL SERVICE LIG	CENSEE	11,2100	NAME AND ADDRESS DE	SCHOOL SC	TIKE,	10,11101				
			130	SOPA LIP	TOS 1-41	LEGAL,	Dillok				
	Joseph L	, ruse	12	252 W.N	oth AUR.	Bolto	md 21016				
	23. PART i. Enter the disesses, or	complications that caused	the deeth. Do not enter	the mode of dving, su	ch as cardiec or res	piratory arrest.	Approximate				
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximate interval Between										
	immediate Cause (Fine) disease or condition resulting in death) s. Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of prostate Due to the analysis of the cause of the cause of prostate Due to the analysis of the cause of the										
- 1	resulting in death)	8	erasjolu	Caures	a pro	stale					
- 1		DUE TO (OR AS A	CONSEQUENCE OF):								
ξ	Segmentally list conditions	b									
۲I	Sequentisity ilat conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
3	CAUSE (Disease or Injury	G.					!				
里	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	4									
2											
A	PART ii. Other significant condition	s contributing to deeth bu	t not resulting in the ur	derlying ceuse given in	Part i. 24s. WAS A		24b. WERE AUTOPSY FINDINGS				
₫		11 japil	4 drelle	lus.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
유					1 □ YES	2 NO	OF DEATH?				
Σ						- 1	1 TES 2 NO				
ž l											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)						
ङ	1 TES 2 NO	1 Inpatient 2 ER/Outpa	tient 3 DOA 4 Num	₹: µing Home 5 🗔 Residence	B Other (Specify)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?	1000						
à	2 Accident Investigation	284 PLACE OF INITIDY	- At home from etreet feet		YES 2 NO						
ᇜᅵ	3 Sulcide 6 Could not be determined 4 Homicide City or Town, State) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Rural Route City or Town, State)										
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of my knowle	dge, death occurred at the t	ime, date and place, end du	e to the cause(s) end me	enner as stated.					
⋝∥		R: On the basis of examination					use(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIED		7								
8	The state of the s	- au u	V	29c. LICENSE NU	OO C/O	20d. DATE SIG	INES (Month, Day, Year)				
ဥ	70	N.Cocc		NU	1040	- /	27/93				
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)								
	DR JAMES EV	ANS Wa	shington V	illage 7	OO Wachi	naton	Blvd,BaltoM				
, 1	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNA	TURE		J Washil	14.011	DIVU, Baltom				
-	31. DATE FILED (MOSTIN, Day, 1993)	references of	PARO				1				

Harris and the same

93	2	2	0	8	4
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	1 - STATE REGISTRAR	STATE OF MA		RTIF			DEAT		MENTAL HYGIEI REG. NO		, 0	22004
	1. DECEDENT'S NAME (First, Middle, Last)	R1.00	UT	J.	-	JUX			2. DATE OF DEATH			3. TIME OF DEATH
	BLUNT J.	F	BUNN i	r	12.	2101	1 7	,	0.7 2.6	DAY 1 C	YEAR	1.41 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last i		IF UNDER		IF UNDER 2		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	239-16-6120 9a. FACILITY NAME (If not institution, give str		74	YRS.	MONTHS 9b. CITY	DAYS	HOURS R LOCATION	MIN.	(Month, Day, Year) 3 7 19		NOT UNITY OF D	th Carolin
OR	1026 N. PATTER	SON PARK	AVE			TIM				1		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c CIT	Y, TOWN (OR LOCAT	ION					40.4 810105 0174
SE	Maryland				1ti							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	106. STREET AND NUMBER 107. Patterson Park Avenue 108. STREET AND NUMBER 21205 109. CITIZEN OF WHAT COUNTRY? USA											
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Process 1 X Yes 2 No 14. RACE — American Process 1 X Yes 2 No 15. White, a specify Cuban, Mexican, Puerto Rican, etc.)											
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		(Give	e kind of a Do NOT us		during mo	etir		U.S.			C.E.
BE COM	17. FATHER'S NAME (First, Middle, Last) Blown Bi	INN S	R.						ME (First, Middle, Maide		4/5	
TO E	JOSEDHILE BI	OWN	196.	MAILING /4	ADDRES	S (Street e	Number o	Per	loute Number, City or To	wn, State, 2	Zip Code)	nove, hd
	30s "ETHOD DE OFFICIENTON 1/2 duries 2 Cremation 3 □ Remo 3 □ Remo 3 □ Other (Specify)	val from State	20b. PLACE AN	NO DATE	OF DISPOS	CIN-	CE	mes.	FULL B	ALL	MO /	er, Bads
	21. SIONATURE OF FUNERAL SERVICE LICE	Harri			22.	HAME AN	U ADDRESS	OF FAC	is F.U.	6.	38 L	ane MAZE
	23. PART I. Enter the disease, or or ahock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition	omplications that could be cause	on each line.	th. Do i	he to					^		interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other aignificant conditions	contributing to de	ath but not re	suiting	in the u	nderlying	j cause gl	ven in		RMED?	Y 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
CIAN		HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ock only one)			
Y PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 El 26a. DATE OF IN. (Month, Day,	JURY	26b. TIM		28c. INJ WO			8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
TED.B	P Aboldent Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IP building, etc	JURY — At hom. (Specify)	ne, ferm,	street, fac	tory, office			261. LOCATION (Street City or Town, State	t and Numb	er or Rural I	Route Number,
COMPLETED BY PHYSICIAN:	29e. CERTIFIER (Check only CERTIFYING PHYSIC	IAN: To the best of my										e) end manner ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	orles	110				29c. LICEN	SE NUM				(Month, Day, Year) 7 – 1993
TO	30. NAME AND ADDRESS OF PERSON WHO	KE, M	D 11			Str	eet,	Ва	altimore	, Ma	aryla	and 21201
1	31. DATE FILEO (Month, Dey, Year) JUL 2 9 1993	32, REGISTRAR'S	SIGNATURE	M2								

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

EAST POLICE

		FOR
1	-	STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR Certif	ITMENT OF ICATE O			ITAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) SHERMAN	Т.		BOUYE	R	2.	DATE OF DEATH	26	3. TIME OF DEATH 93 12:26 AM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24		MATE OF BIRTH Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give s	1	84 YAS.	9b. CITY, TOWN	OR LOCATION		2-5-1908		RUNDEL CO.
TOR	NORTH ARUNDEL	HOSPITAL	ASSOCIATIO	1 G	LEN BUI	RNIE			A.A. COUNTY
DIRECTOR	10e. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
AL D	MD. 10e. STREET AND NUMBER				BURNIE 101. ZIP CODE			10g. CITIZE	1 YES 2 NO
FUNERAL	7915 FREETOWN RO		EVER IN U.S. ARMED	42 440 0	2106			US	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	YES 2 XNO	If yes,	ecendent of P specify Cuban, I ES 2 XNO	Mexican, Pu	RIGIN? (Specify Yes of erto Rican, etc.)	or No-	BLACK BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	life. Do NOT us	work done during in the retired.)	nost of working		16b. KIND OF BUSI		TRY
	17. FATHER'S NAME (First, Middle, Last)		INSTRA	NCE AGI		'S NAME (F	MITTIAT irst, Middle, Maiden S		r T T
BE	19a. INFORMANT'S NAME (Type/Print)	BOHYER	19b. MAILING	ADDRESS (Stree			DOES Number, City or Town,		ode)
임	SHERMAN T. BOUY	YER JR.	7921 E	REETOWN	ROAD,		BURNIE,		
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery, crematory or o	ther plece)		i			y or Town, State NDEL, CO.
	PL SIGNATURE OF FUMERAL SERVICE DO	ENSEE P	m)	JOSE	PH H.	OF FACILITY BROWN	JR. FUN	ERAL	HOME, P.A.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant condition	B contributing to d	eath but not resulting	n the undarlyl	ng cause give	en in Part	1 YES 2	ED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	PLACE OF DEAT				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	IJURY 28b. TIM		JURY AT		DESCRIBE HOW IN	JURY OCCUP	REO
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF I	INJURY At home, farm, a c. (Specify)		YES 2 N	_	LOCATION (Street an City or Town, State)	d Number or	Rural Route Number,
	4 Homicide determined	WANT TO B							
COMPLETED			y knowledge, death occurre minetion and/or investigation						ause(s) end manner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	LEOU	Mou	50	1 1/2	200	94	8	A 26/93
	30. NAME AND ADDRESS OF PERSON WHO ELLIOTT GORBA	TY, M.D.	OF DEATH (ITEM 27) (Type, 7845 OAKWOO	D RD #2	03/GLE	N BUR	NIE, MD.	2106	1
5	31. OATE FILEO (Month, Day, Year) JUL 2 9 1993	32. REGISTRAR		U.					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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6	E	J
	ian.	transit permi
020	physic	bunial

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARY REGISTRAR	LAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	22000					
1	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATH					
1 8	EARL C BLACK			# 7 76 93	YEAR 1035 D M					
	21910 4106 1 XM20F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	BIRTHPLACE (State or Foreign Country) Many kan					
FOR	98. FACILITY NAME (If not institution, give street and number) UNIVERSITY of MANUAL MARIE SYSTEMS RESIDENCE OF DECEDENT	in Houty	Bul house	ATN 9c. COUNT	Y OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY	OWN OR LOCATION		10d. INSIDE CITY LIMITS?						
FUNERAL	100. STREET AND NUMBER 837 N. Bentalon St		101. ZIP CODE 21716	1	1 NO YES 2 NO					
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED		IIC ORIGIN? (Specify Yes or No						
В	1 Never Married 2 Married FORCES? 1 TYPES, GIVE WAR OR	S 2 NO DATES	If yes, specify Cuban, Mexica 1 — YES 2 NO Specify	n, Puerto Rican, atc.)	4. RACE — American Indian, Black, White, etc. Specify:					
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	UAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/INDU	STRY					
COMPLETED	Elamentary/Secondary (0-12) College (1-4 or 5+)	CHAUFFEUR	tired.)	BALTIMORE (CITY					
ő	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S NA	ME (First, Middle, Maiden Sumeme)						
BE (CALVIN BLACK		MAUDE	bLACK						
5	190. INFORMANT'S NAME (Type/Print) OREE BLACK			REET, BALTIMORE						
		ISPOSITION (Name of PREST VA. CEME.	DATE 20c. LOCATION — City or Town, State OWINGS MILLS, MD.							
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA								
	·Charl Von	\sim	1913 W. BALTIMORE	WN JR. FUNERAL I ST. BALTO. MD. 212	23; P.O. BOX 4433					
	23. PART I. Enter the diseases, or complications that cause ahock, or heart failure. List only one cause on	ed the death. Do not	enter tha mode of dying, suci	h aa cardiac or reapiratory arres						
	IMMEDIATE CAUSE (Final									
	disease or condition a. As a many many many many many many many ma	heenen			30(24)					
	OUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	any, leading to immediate									
Ĕ	that initiated events DUE TO (OR AS	A CONSEQUENCE OF):	, mag		acrus .					
ERI	resulting in death) LAST									
	PART II. Other significant conditions contributing to death	but not regulting in t	he underlying cause given in	Part I. 24s. WAS AN AUTOPSY						
CAL		out the founding in the	no onderlying cause givan in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
				1 YES 2 NO	OF DEATH?					
Σ				_ ′	1 TYES 2 NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ack only one)						
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Ou		THER: Nursing Nome 5 Residence							
₹	27. MANNER OF DEATN 28s. DATE OF INJURY	28b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE NOW INJURY OCCU	RED					
ВУР	Natural 5 Pending (Month, Day, Year)	INJURY	WORK? M 1 ☐ YES 2 ☐ NO							
COMPLETED B	3 Suicide 28e. PLACE OF INJUR	Suicide a Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)								
Ä	298. CERTIFIER 1 CERTIFYING PAYOLCIAN, 7-18-									
ž I	(Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
	296. SIGNATURE AND TITLE OF CERTIFIED									
BE			276. LIGENSE NOM	▶ 1/	200 / 97					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Prin	nt)	1	V4/10					
,	REVIN ZITMAN MY	lawes, to of	= Maylan Mila	Sustan Horash	1					
51	31. DATE FILE® (Month. Day, Year) 32. REGISTRAR'S SIG	INATURE	7.101	The state of the s	V .					
	JUL 2 9 1893 guti builden A	markett.								

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, I	Widdle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
4	CHARLES HARDING					BURLEY				MONTH O7	DAY 23	YEAR	м
	4. SOCIAL SECURITY NUMBER	P	5. SEX	6. AGE (In yrs. lest	last birthday) IF UNDER 1 YEAR IF UNDER 24 H			Y	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP	LACE (State or Foreign	
	220-07-	2570	1)∑M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		20	PASA	
	9a. FACILITY NAME (If not inst	litution, give st	reet and number)			9b. CITY	, TOWN	R LOCAT	ION OF DE	ATH	9c. COU	NTY OF DE	
S			V ST				130	4m			1	Bulk	. City
DIRECTOR	10a. STATE	10b. COUNTY			10c CIT	Y, TOWN (OR LOCAT	ION					10d. INSIDE CITY
E					100. 011								LIMITS?
	MD. 10e, STREET AND NUMBER					DA	-	ZIP COD	E CT	1.1	10g. CITIZEN OF WHAT COL		
	725 MOUNT	TOT	IV cmor	No. of	21229				USA.				
FUNERAL	11. MARITAL STATUS	HUL	12. WAS DECEOEN	T EVER IN U.S. ARK	MED			ENDENT	OF HISPAN	IC ORIGIN? (Specify	Yes or No-		- American Indian, White, etc.
	1 Never Married 2 N		FORCES?	YES 2. N	0				en, Mexical Specify	n, Puerto Rican, atc.)		Specific	e.
B√	3 Widowed 4 Divorc	ed						1				BI	ACK
COMPLETED	15. DECE (Specify only	DENT'S EDUC highest grade		(Gh	ve kind of	USUAL O	CCUPATIO	ON st of work	ing	16b, KIND OF	BUSINESS/IN	DUSTRY	
الا	Elementary/Secondary (0-1	(2)	College (1-4 or 5	+) #/e.	Do NOT u	se retired.)							
\$							TECH		INEER			SCHOO	L SYSTEM
	17. FATHER'S NAME (First, Mid	-14.11	37 TITE							ME (First, Middle, Maid			
BE	HAGNEY 190. INFORMANT'S NAME (TVE		RLEY	1 101	MAHINI	400050	0 (00		TTIE	Route Number, City or		RLEY	
임			TO STEED IT THIS	190	115					T: BALTO.		D (2000)	20
	TDA 200. METHOD OF DISPOSITION		BURLEY	20b. PLACE A	NODATE				1		LOCATION -	Situ or Ton	State
	1 Buriel 2 Cremation 4 Donation 6 Other (3 🗆 Reme	oval from State	cemetery, crer GARRI	natory or o	ther place)	ST C	EMET	ERY	1	INGS		.,
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE						NAME A	ID ADDRE	ESS OF FA	CILITY	-		
								JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. NALTIPORE ST. NALTO. MD. 21223; P.O. LC.					
	23. PART I. Enter the dis	easea. or o	omplications the	it caused the de	ath Do								Approximata
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
	disease or condition resulting in death) a. Esphased Caree 2 40										1200		
			OUE TO	(OR AS A CONSEC	WENCE O	P)t							1
Z	Sequentially list conditions,												
Ĕ	tif any, leading to immediata cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST												
	CART II Other classificant and disk are stated as a state of the state												
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO											AVAILABLE PRIOR TO	
ă	1 YES 2 NO COMPLETION OF DEATH?										OF DEATH?		
×	HIL	HTUB 10 YES 20 NO											1 WES 2 TO NO
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)												
딣	EXAMINER?		HOSPITAL:	EB/Outnotion 2	□ noa	OTHE	R:	1/					
¥	27. MANNER OF DEATH												
	1 Natural 5 P		(Month, L	Day, Year)	.IN	JURY M		PRK?	□ NO				
BY	a Cautata	could not be	26e. PLACE (OF INJURY — At hor	me, ferm,	street, fac	tory, offic			26f. LOCATION (Stre		er or Runal Re	oute Number,
띹		starmined	containg	, etc. (Specify)						City or Town, St	nte)		
Suicide Could not be determined Suicide 6 Could not be determined City or Town, State)									manner as st	rted.			
									and manner as stated.				
									29d. DA	TE SIONED	(Month. Dav. Year)		
									7/1	/73			
임	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITEM	אין ודא ו	, Print)			00			120	
				R	(Dion	m							
7	31. DATE FILED (Month, Day, N	1003	32. REGISTR	AR'S SIGNATURE							2		
7	JUL 2	בצו ל	June	handagay		•							
													DHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN	-		
	1. DECEDENT'S NAME (First, Middle, Li	AKA: Cece Marie C. (elia Mari Curran	e Curran	ı		7 199	3. TIME OF DEATH 3 5:45 A.	
	4. SOCIAL SECURITY NUMBER 217 07 7309	1 🗆 M 2 💢 F	E (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/19/19		BIRTHPLACE (State or Foreign Country)	
CTOR	96. FACILITY NAME (If not institution, g 1306 Berni F	Ruth Lane		Severn	OR LOCATION OF D	EATH	9c. COUNTY Anne	of DEATH Arundel	
DIREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COL	INTY	10c, Cl	TY, TOWN OR LOCA	ATION			10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	nne Arundel	S	evern	OI. ZIP CODE		10g. CITIZEN	1 YES 2 NO	
FUNERAL	1306 Berni Ru	th Lane	IN U.O. ADVICE		21144			S.A.	
BY	1 Never Merried 2 Married 3 2 Widowed 4 Divorced	FORCES? 1 YE	S 2 XNO	It yes, s	pecify Cuben, Mexico S 2 X NO Specific	NIC ORIGIN? (Specify Yes on, Puarto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 10th Grade	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L		ION lost of working	166. KIND OF BU			
100	17. FATHER'S NAME (First, Middle, Last)	Alexander A.				AME (First, Middla, Maiden			
TO BE	196. INFORMANT'S NAME (Type/Print) Suzanne Pryor		19b. MAILING 1306	Berni Ru	and Number or Rural 1th Lane	Aoute Number, City or Tow Severn,	n, State, Zip Cod		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 F 4 Denation 5 Other (Specify)	emoval from State	Ob. PLACE AND DATE	of DISPOSITION (Nother place)	tery		ownsvil	or Town, State	
	21. SHORATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225								
	23. PART I. Enter the diseases, ehock, or heert feitu IMMEDIATE CAUSE (Final disease or condition resulting in death)	TO I IST ONLY ONE COLLEGE ON	anch line				iratory arreet,	Approximeta Interval Between Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Local Laurence of: Local								
MEDICAL	PART II. Other eignificent condit	ione contributing to deeth	but not resulting	in the underlyin	g ceuee given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
ву Рнуз	27. MANNER OF DEATH 1 Natural 5 Pending	1 □ Inpetient 2 □ ER/Ou 26e. DATE OF INJURY (Month, Day, Year)	28b, Till	IE OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	D	
ETED B	26 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, term, strest, factory, office 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North City or Town, State) 28t. LOCATION (Street end Number or Rural Route North Ci								
COMPLE		YSICIAN: To the best of my kno INER: On the basis of examinati						use(s) end menner es stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	1 Junity	M. H. F	ENG MA	29c, LICENSE NUI	ABER 27		1NED (Month, Day, Year) 27-93	
	30. NAME AND ADDRESS OF PERSON	nd Lane	Back	more,	MD	21225	-		
8	JUL 2 9 1993	32. REGISTRAR'S SIG	NATURE						



68760,
BOX
P.O.
RECORDS
OF VITAL
DIVISION

SPITAL JERAL Jin 72 h
TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this cented within 72 hours after death with 1 IMPORTANT: If Item 28 is marked,

	FOR	CTATE OF I	ADVI AND /	DEDAD	THENT OF	······································	AND	MENTAL HYGIEN	_	93	22	089
	1 - STATE REGISTRAR	SIMIE OF F			ICATE OF			MENIAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	here						2. DATE OF DEATH MONTH D		YEAR 3	. TIME OF DEA	ATH
	WALTER HARRY	CECIL						7 26	199	3	503	PM
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yer		6. BIRTHPL Country)	LACE (State or I	Foreign
	9a. FACILITY NAME (If not institution, give si	190420#	62	YRS.	121, 200	11162		6 22 19		MARY	YLAND	
DIRECTOR	UNIVERSITY HOSPIT				BALTIN			EATH	NTY OF DEA	лн.		
EC	10a, STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR LOC	TION					0d. INSIDE CIT	ry
DIA	MARYLAND AND	NE ARUNDE	EL	GI	LEN BURN	IE					LIMITS?	v
RAL	100. STREET AND NUMBER 300 FERNDALE AVEN	IIIE			1	2106				ZEN OF WH	AT COUNTRY?	
NE	11. MARITAL STATUS								L	5.A.		
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARI YES 2X N MAR OR DATES	MED IO	II yes, s	CENDENT Concepts Cuba	n, Maxica	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	or No—	14. RACE — Black, V Specify:	- American Ind White, alc. WHIT!	36.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE0	CEDENT'S	USUAL OCCUPAT	ON		16b. KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 - NONE	He.	Do NOT us	ine retired.)			T TCON A	NID T T	CON		
JMC	17. FATHER'S NAME (First, Middle, Last)	NONE	PII	5E T1	INE CONS	,		LIGON A		.GON		
BE CO	WILBUR T. CECIL					EDIT	CH F	-				
5	19a. INFORMANT'S NAME (Type/Print) ROSE E. CECIL 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, Stets, Zip Code) 300 FERNDALE AVENUE, GLEN BURNIE, MARYLAND 21061										061	
	20a. METHOD OF DISPOSITION 1 © Burlei 2 Cremation 3 Removal from Stale 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery, or other place) PROVIDENT CEMETERY 20c. LOCATION — City or Town, State 7/30 1993										-	
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME									ME		
	1 SECOND AVE., S.W., GLEN BURNIE, MD. 21061											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.											
	shock, or heart failura. List only one cause on each line. iMMEDIATE CAUSE (Final											
	disease or condition resulting in death)	,_]	1 7	1	1.				Onset an	d Death		
	DUE TO (OR AS A CONSEQUENCE OF):									+		
Z	Consider Fortild											
CERTIFICATION	" and the state of											
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. OUE TO (OR AS A CONSEQUENCE OF):						Faille					
Ē	that initiated events resulting in daath) LAST	UENCE OF	-):									
E	resulting in death) LAST d. SCOSIS											
A L	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PROPORTO AMILABLE PRIOR TO											
PHYSICIAN: MEDICAL								1 _ YES 2	1	00	OMPLETION OF F DEATH?	
ME									~		YES 2	NO
ÿ										ı		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF O	EATH (Che	eck only one)				
IYS	1 VES 2 NO.	~	ER/Outpatient 3		4 - Nursing Hor		sidence	6 Other (Specify)	1	,		
	1 Setural 5 Pending	28a. DATE OF (Month, D		26b. TIMI INJ	URY	FURY AT DRK?		28d. DEŞCRIBE HOW II	JURY OCC	URED		
B	2 Accident Investigation 3 Suicide & Could not be	2 Accident Investigation					NO	28I. LOCATION (Street a	and Alumbar	as Rumi Davi	- 161	
田	4 Homicide 6 Could not be determined	building,	atc. (Specify)	,	,,			City or Town, State)	na mamber	or noral nool	w Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC											
S	one) 2 MEDICAL EXAMINER	: On the time's of an	moinstight mythar sy	- atigatio	n, in my opinion,	leath occun	ed at the	ilme, data and place, en	d due to the	a ceuse(s) ar	nd manner as i	stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	/ /	118	m.	`	29c. LICE	NSE NUM	E NUMBER 29d. DATE SIGNEO (Month, Day, Year)				,
0	30. NAME AND ADDRESS OF PERSON WHO		10 1	111)				17/	126/0	13	
*	AN HAME WAD WADDIEDD OF LEHDON MHC	COMPLEMENT CALL	UP DEATH (ITEM	27) (Type.	Print)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

July Davidson Mandate

JUL 2 9 1993

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify:

16b. KIND OF BUSINESS/INDUSTRY

BLACK

1X YES 2 NO

BALTIMORE,

3:45 P

M

DIRECTOR

FUNERAL

ВҰ

COMPLETED

BE

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once.

notified at

pe

must

medical examiner

or other traumatic event, the

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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marked,

69

28

Hem

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permit.

use as the burial-transit

for

director, page 5 should be

MD

15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)

1 Never Married 2 Married

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

IMMEDIATE CAUSE (Final

Sequentially list conditiona,

if any, leading to immediata cause. Enter UNDERLYING

25. WAS CASE REFERRED TO MEDICAL EXAMINERY

5 Pending Investiga

6 Could not be

1 | YES 2 | 10

27. MANNER OF DEATH

Namural

2 Accident

3 Suitide

4 Homicide

CAUSE (Disease or injury that initiated events resulting in death) LAST

disease or condition_

resulting in death)

JAMES COMMANDER

EDWARD

21. SIGNATURE/OF FUNERAL SERVICE LICENSEE

20a. METHOD OF DISPOSITION
1 □ Burlai 2 to Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify)

3 Widowed 4 Divorced

College (1-4 or 5+) UNEMPLOYED

IF YES, GIVE WAR OR DATES

DeVAUGHN

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

MARY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

SPELLMAN ROAD, BALTIMORE, MD. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State

If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 W NO Specify:

METRO CREMATORY INC. BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A.

1913 W. BALTIMURE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line.

> neumonia DUE TO (OR AS A CONSEQUENCE OF):

AIDS

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ellent 2 C ER/Outpetient 3 D DOA

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28s. DATE OF INJURY (Month, Day, Year)

injection

24s. WAS AN AUTOPSY 34b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

TO YES 2- NO

T WES 2 NO

Approximate

Interval Between

Onset and Death

2 days

28. PLACE OF DEATH (Check only one; OTHER: S - Residen

2Bc. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO

Sps, death occurred at the time, date and place, and due to the cause(s) and manner as stated

281. LOCATION (Street and Number or Rural Route Number City or Town, State)

29d. DATE SANED (Month, Day, Year)

041413 MD WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7/27

uwaenter 32. REGISTRAR'S SIGNATURE

1 GERTIFYING PHYSICIAN: To the best of my kno

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 hours after death. Page 6 may be retained by the hospital or attending physician. the funeral filled in by 10 completely HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to buriat, DIRECTOR: After this certificate hours after death with the State TO THE FUNERAL De filed within 72 h

DHMH-16 Rev 1/89

ten e ju

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEA	TH TH	REG. N				
		Z.		COOK					2. DATE OF DEATH	.5°	93	3. TIME OF DEATH O7:35 PM M	
	4. SOCIAL SECURITY NUMBER 218-01-5559	5. SEX 1 M 2 F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN,	7. DATE OF BIRTH (Month, Day, Year) 4-19-190	9	Count	B. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.	
DIRECTOR	9a. FACILITY NAME (If not institution, give NORTH ARUNDEL HO	SSOCIATI	ON			BURN	ON OF DEA			UNTY OF C			
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY		
DIR	MD.				BALT			TTY	CIT 123T DITTO	LIA			
	10e. STREET AND NUMBER				DIILLI	_	. ZIP COD		GLEN BUR		1 X YES 2 NO WHAT COUNTRY?		
EB	7900 BENESCHE CI	RCLE		21060									
FUNERAL	11. MARITAL STATUS 1 □ Never Married 2 ☒ Married 12. WAS DECEDENT EVER IN U FORCES? 1 □ YES			MED	13. W	AS DEC	ENDENT C	F HISPANK	C ORIGIN? (Specify) Puerto Rican, atc.)	es or No-	E — American Indian,		
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	1 YES 2 NO Specify:							offy:		
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF B	USINESS/IN		LACK	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5	(Gi	Do NOT u	work done du se retired.)	uring mo	st of workir	ng .					
MP			LA	BORE	K				WESTI	NGHOU	SE		
	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, Maide				
BE	REVERDY Z. 190. INFORMANT'S NAME (Type/Print)	COOK			i anno en la companio de la companio de la companio de la companio de la companio de la companio de la companio			SEPHI		COO			
2		OK							GLEN BUR			21060	
	20a. METHOD OF DISPOSITION	ATTINES IN S	20b. PLACE A	NDDATE	OF DISPOSIT			onn,		OCATION -			
	MT_Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) MT_XON_CHIRCLE CFMETERY ANNE_ARUNDEL COUNTY, MI										COUNTY, MD.		
	21. SIGNATURE OF PUNEINAL SERVICE D	No.	m)	JO	SEP	н н.		IN JR. FU	NERAL	ном	E, P.A.	
	23. PART I. Enter the diseases, or	complicatione tha	t caused the da	ath. Do r	not entar t	he mo	de of dyl	ng, auch	as cerdiac or ree	piratory as	reet,	P.O. BOX 4433	
	ahock, or heart failura. IMMEDIATE CAUSE (Final	List only one cau	ise on eech lina.				Α.					interval Between Onset and Death	
	disease or condition a. C. we was carded by the condition of the condition												
_		DUE TO	(OR AS A CONSEC	UENCECO	F):				1	Ch	~	+ 1	
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									1			
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):								
G		d											
DICAL	PART II. Other significant condition	s contributing to	daeth but not re	sulting	in tha und	erlying	cause g	ivan in P		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă									1 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?	
. WE									-			1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATH (Chec	t only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				Other (Specify)				
¥	27, MANNER OF DEATH	28e. DATE OF (Month, D.	INJURY	28b. TIM	E OF 2	8c. INJL	JRY AT		28d. DESCRIBE HOW	INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(WONE)	ay, rom)	INIJ	URY M	1 🗌 Y	ES 2	NO					
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At horate. (Specify)	ne, term, t	treet, fector	y, office)	1	28f. LOCATION (Street City or Town, State	end Numbe	r or Rural F	Route Number,	
E.	40.0000000												
COMPLETED	(Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE												
	296, SIGNATURE AND TITLE OF CERTIFIES	-	dimination and/or is	westigatio	orm my one	Mon, de							
BE				~			THE LICE	NEE NUMB	08	29d. DAT	E SIGNED	(Month, Day,	
٩	DR CHARLES WU, N	O COMPLETED CAUS	CRATHUTEN	27) (M)	Priot)	SW #	306/	CLEM	RIIDMTE	MADVI	ANID	21061	
1-	31. DATE FILED (Month, Day, Year)			T.OIIW	1119) TY	500/	MITTL	DUMITE,	TIME	JAND	21001	
U	11 0 0 1002		R'S SIGNATURE										

Z 9 1333



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEOENT'S NAME (First, Mid		CERTIFIC			REG. NO		3. TIME OF DEATH			
		Dandridge				07 2	7 95	7:23)			
ľ	4. SOCIAL SECURITY NUMBER 212-28-0492	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. 7 HOURS MIN.	Month, Day, Year)		BIRTHPLACE (State or Foreign			
	9e. FACILITY NAME (If not institution, gi	re street and number)		9b. CITY, TOWN O	R LOCATION OF DEAT	7-17-19	3U NO	orth Carol			
OR	Joseph Richie	Hospice		Balti			Jac. COOMIT	OF BEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland		Ba	altimo:	re			LIMITS?			
FUNERAL	1128 N. Stoc	kton St.		10f.	21217		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, atc.) 1 □ YES 2 NO Specify: 1. □ YES 2 NO Specify:							
	15. DECEDENT'S E (Specify only highest gr	OUCATION ade completed)	16a. DECEDENT'S U	SUAL OCCUPATION fk done during mos	N et al working	16b. KIND OF BUS	I SINESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)	a or working	77-97-1					
PMO	17. FATHER'S NAME (First, Middle, Last)		Supervi	Lsor	46 MOTNED O NAME	Healt.		2			
BE C	Johnny Hanks				Eunice		Surname)				
10 B	19e. INFORMANT'S NAME (Type/Print)	• 7			nd Number or Rural Rou						
-	Douglas Dandr				ockton S						
	20e, METHOD OF DISPOSITION 1 W Burial 2 Cremation 3 R 4 Donalion 5 Other (Specify)	emoval from State 20	the PLACE AND DATE OF the Memory, cremelory or other LING Memo	DISPOSITION (Na		100	CATION — City				
	21. SIGNATURE OF FUNERAL SERVICE		Ting Menic	22. NAME AN	D ADDRESS OF FACIL	ITY		e, Md.			
_ }	· Calloton	J. C. Wa	udan	Doug]	ass Fun McCullo	eral Se	rvice				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. All Lotto	A CONSEQUENCE OF):	West	Con			Oneet and De			
2 1		Sequentielly list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST									
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	· Ronal	mouli	run	· /						
	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OR AS	A CONSEQUENCE OF:	the underlying	ceuse given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINON AMBLABLE PRIOR TO			
AL.	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF:	the underlying	ceuse given in Pa	rt i. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO			
MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF:	the underlying	couse given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS			
MEDICAL	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant condit	OUE TO (OR AS)	A CONSEQUENCE OF:		ceuse given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH?			
MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS	A CONSEQUENCE SH:	26. PL		PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH?			
PHYSICIAN: MEDICAL	If sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant condit	OUE TO (OR AS d lons contributing to death	A CONSEQUENCE SH:	26. PL OTHER: Nursing Nome OF 28c. INJU	ACE OF OEATN (Check	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II Other significant condit PART II Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	OUE TO (OR AS d lons contributing to death	but not resulting in tpetient 3 DOA 4	26. PL DTHER: Nursing Nome Nursing Nome Nursing Nome Nursing Nome 1	ACE OF OEATN (Check o 5 Residence 8 D JRY AT 24 NK7 ES 2 NO	only one)	NO NO	MAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant condit that initieted events resulting in death) LAST PART II, Other significant condit in the significant condit in the significant condit in the significant condities and sig	OUE TO (OR AS d IONS CONTributing to death IONS CONTRIBUTION HOSPITAL: 1 Inpatient 2 ER/Out (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	but not resulting in tention 3 DOA 4 28b. TIME (INJUE) Y — All home, ferm, atrosofty)	26. PL DTHER: Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing	ACE OF OEATN (Check 5	only one) Other (Specify) Id. DESCRIBE HOW II Other Town, State)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant condit that initieted events resulting in death) LAST PART II, Other significant condit in the significant condit in the significant condit in the significant condities and sig	OUE TO (OR AS d Ions contributing to death HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	but not resulting in tention 3 DOA 4 28b. TIME (INJUE) Y — All home, ferm, atrosofty)	26. PL DTHER: Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing Nome Nursing	ACE OF OEATN (Check 5	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) The cause(e) and man	NO NO NUMBER OF REAL PROPERTY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO D unal Route Number,			
E COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II Other significant condit PART II Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not determined 4 Nomicide Certifier (Check only one) 2 MEDICAL EXAMINER) 299. CERTIFIER Check only one) 2 MEDICAL EXAMINERORY 200 DENIATURE AND TITLE OF CERTIFIER	OUE TO (OR AS d Ions contributing to death HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	A CONSEQUENCE SF;: but not resulting in consequence series department 3 DOA 4 28b. TIME of INJUE Y.— All home, ferm, atropolity wiedge, death occurred on end/or investigation,	26. PL DTHER: I Nursing Nome OF 28c. INJL WO 1 T Y eet, factory, office at the time, date In my opinion, de	ACE OF OEATN (Check 5 Residence 8 7 AT RR? ES 2 NO 28 end place, end due to eath occured at the time	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) The cause(e) and man	NO NO NUMBER OF REAL PROPERTY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO D D D D D D D D D D D D D			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Las	10)							2. DATE OF I	DEATH		VEAR	3. TIME OF DEATN
	MAX L. DAVIDSON	•							JULY	24		93	1:50 PM
	4. SOCIAL SECURITY NUMBER 137-10-5487	5. SEX 1)(∑,M 2 ∏ F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	PIRTH 10,	1918	a. BIRTH	IPLACE (State or Foreign NADA
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION										9c. COU	NTY OF D	EATN
DIRECTOR	1707 SUNRISE DRIVE						OCKVILLE MONTGOMERY					OMERY	
RE	10e. STATE 10b. COUNTY				r, TOWN O								10d. INSIDE CITY
0	MARYLAND MONTGOMERY				ROCKVILLE						1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1707 SUNRISE DRI	UF			101. ZIP CODE 20854					10g. CITIZEN OF WHAT COUNTRY?			
Š	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.				RMED 13. WAS DECENDENT OF NISPANIA								— American Indien.
BY F	1 Never Married 2 Married FORCES? 1 YES 2 FYES, GIVE WAR OR DATES				NO If yes, specify Cuben, Mexicen. 1 YES 2 NO Specify:				n, Puerto Rican, etc.) Blac				t, White, stc.
	15. DECEDENT'S E	DUCATION	160 DE	CEDENTIE	USUAL OC	CHIDATI	ON		200 200				WHITE
ETE	(Specify only highest gra	de completed) College (1-4 or 5	(Gi	ve kind of w	vork done di	urina ma	ost of working	g			HNESS/INI		TY AGENCY
COMPLETED	, (0.12)	5+	" TEL	ECOM	ROW DE	CAT	IONS		I NAI	LUNA	IL SE	.curi	1 y AGENCY
8	17. FATHER'S NAME (First, Middle, Last)		-						ME (First, Middle	e, Maiden	Sumeme)		
BE	HARRY DAVIDSON 190. INFORMANT'S NAME (Type/Print)								OWAN				
2	BONNIE KAPLAN								OCKVIL				20854
20e. METHOD OF DISPOSITION 1 Description 20b. PLACE AND DATE OF DISPOSITION (Name of Copyrights) 20c. PLACE AND DATE OF DAT									ADEL	OCATION — City or Town, State ELPHI, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, NW, WASHINGTON, D.C.								ME, INC.				
	23. PART I. Enter the diseases, D				Dt enter t	he mo	ARROL	L ST	REET,	NW.	WASH	INGT	ON, D.C.
IMMEDIATE CAUSE (Finel										or roop.	otbiy air	, cac,	Interval Between Onset and Death
}	resulting in death)	a. Pes fi											
NOI	Sequentially list conditions, If any, leading to immediate Due to (or as & consequence of):												
SAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	с											į
CERTIFICATION	that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):								
	PART II. Other significant condition	ons contributing to	desth but not re	esuiting i	n the und	erlylny	a course of	lven in E	Part I 24a	. WAS AN	AllTopey	0.45	WATER AUTONOM SAINANDA
MEDICAL			doctri but not n	southing in	ii tiie diic	errynn	A conse di	iven in r		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
							-		_ ''	YES 2	NO		OF DEATH?
_									_				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)				
PHYSICIAN:	1 YES 2 ND 27. MANNER OF DEATH	1 Inpatient 2 I	ER/Outpatient 3	DOA 28b. TIME	4 🗆 Nursi	ng Hom	URY AT		Other (Spe		111111111111111111111111111111111111111	olinen.	<u> </u>
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, E	ay, Year)	INJU		WO	PES 2		28d. DEŞCRIB	SE NOW IN	JURY OC	CURED	
									oute Number,				
COMPLETED	29a. CERTIFIER (Check only one)	SICIAN: To the beat of	my knowledge, dea	th occurre	d at the tim	e, date	and place,	end due t	to the cause(e)	end men	ner aa stal	led.	
	29b. SIGNATURE AND TITLE OF CERTIFI		xamination and/or in	westigation	1, In my op	nion, d				place, end	due to It	e cause(a)	and menner ee atsted.
TO BE	on lein						29c. LICEN	NSE NUME		İ	29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITEM			,			i. I			4	
	31. DATE FILED (Month, Day, Yber)	32. REGISTRA	R'S SIGNATURE	7519	RVE	W	the ent	100	w.x	209	02		
	1111 9 9 1993	Julia Veris		OR.									

DHMH-16 Rev 1/89

JUL 2 9 1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) a.k.a. Dorothy Virginia Klein 2. DATE OF DEATH 3. TIME OF DEATH YEAR 27 45 S. AGE (In yrs. last bilthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAVE 1 M 2 F 220-20-5729 12-11-28 mD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Deaton Charles 6115 5 BAITO RESIDENCE OF DECEDENT 10h. COUNTY 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7407 Lesada Drive 21207 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cube

1 YES 2 NO ORCES? 1 YES 2
YES, GIVE WAR OR DATES FORCES? 2 00 1 Never Married 2 Married BY Specific 3 🕅 Widowed 4 🗌 Divorced Specify white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Waitress Retail Food 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Benjamin McDaniel Hattie Estes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Pural Route Number, City or Town, State, Zip Code) 2 946 Circle Drive, Cheryl Schwinn MD 21227 Arbutus, must be 20g, METHOD OF DISPOSITION
1 DX Burlai 2 D Cremation 3 D Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Baltimore National Cemetery 7/29 Baltimore City, MD 4 ☐ Donation 5 ☐ Other (Specify) traminer 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1328 Sulphur Spring Rd., Arbutus, MD 21227 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death the same ancer of the Breast with metasterses disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS item 23 shows any Pressure 1 TYES 2 THE NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 10 npatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) item 28 is 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due TURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
7/27/93 29c. LICENSE NUMBER BE 19858 2 30. NAME AND ADDRESS OF PERSON

Charles.

in Teviden Mandall

BALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physician	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the partitional permit. Page 1, 2, 3 should thin the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, or Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO DE COMPILITATION OF CALIFORNIA VIOLENTIA VI

	1 - STATE STATE REGISTRAR		ICATE OF		MENTAL HYGIEN REG. NO.	_	- 44030			
			YY (NMN)		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	Hinthony Digiorgio 4. SOCIAL SECURITY NUMBER J.S. SEX A. AGE (In w.		DI GI		01 38	9	3 12 55 A M			
	2 9 76 34 72 1 XM 2 0 F 74	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF BIRTH (Month, Day, Year)	.0	BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (if not institution, give street end number)	1113.	9b. CITY. YOWN	OR LOCATION OF O	01 13	9c. COUNTY	ARYLAND			
E C	SINAI HOSPITAL		BALTIMO			SC. COOM Y	OF DEATH			
٦	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	10.00	V 7000 00 1 00 1							
DIRECTOR	MARYLAND	TIMORE	TMORE 10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN	1 V YES 2 NO			
FUNERAL	2449 SHIRLEY AVENUE		21215			USA				
FU	11. MARITAL STATUS 1 N Never Married 2 Married FORCES? 1 YES 2	S. ARMED			NC ORIGIN? (Specify Yea n, Puerto Rican, stc.)	or No- 14.	RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	S		2 NO Specify			Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEDENT'S	USUAL OCCUPATION	ON at all working	16b. KIND OF BUS	INESS/INDUST				
	Elementary/Secondary (0-12) College (1-4 or 5+)	He. Do NOT us	se retired.)							
JMP	12. FATHER'S NAME (First, Middle, Lest)	UNEM	PLOYED							
	JOSEPH DI GIORGIO			ROSALI	ME (First, Middle, Maiden : E	Surname)	DOMINA			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILINO	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Town	n, State, Zip Coo	cle)			
ř	FRANK DI GIORGIO, SR.	5306	BARBARA	AVENUE B	ALTIMORE, I	MD. 21	206			
	20s. METHOD OF DISPOSITION 1									
	4 Donation 5 Other (Specify) HILL TOP SERVICE CORP. TOWSON, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOHN E. DOLAN 22. NAME ON ARPRESS OF FARMUCK, INC.									
	John E. DO	LAN				TIMODE	MD 21214			
-	23. PART I. Enter the diseases, or complications that ceused the	a death Do r					, MD. 21214			
	shock, or heart failure. List only one ceuse on each iMMEDIATE CAUSE (Final	iina.	or arms the me	ad of dying, such	r as cardiac or reapi	etory errest	Approximate interval Batween Onset and Death			
	disease or condition a. Corbiores	pirato	ru A	crest	2° to		Olisat and Death			
	Rectal C	NSEQUENCE OF	ŋ: J							
CERTIFICATION	Sequentially list conditions, if any, laading to immediate Due to (or as a consequence of):									
SAT	cause. Enter UNDERLYING CAUSE (Disease or injury		•				į			
E	that initiated events DUE TO (OR AS A CO	NSEQUENCE OF	7):							
ER	d,									
CAL	PART II. Other significant conditions contributing to death but r	not reauiting i	n tha underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
					PERFOR	1/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME					_ '	1	1 - YES 2 0 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		20 00	ACC OF OFFICE OF			,			
PHYSICIAN: MED	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Vinpetient 2 ER/Outpetien	nt 3 🗆 DOA	OTHER:	ACE OF OEATH (Che						
F	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆 1	ES 2 NO						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, s	dreet, fectory, office		281. LOCATION (Street at City or Town, State)	nd Number or F	Bural Route Number,			
Ē	29a. CERTIFIER									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beat of axamination and									
	29b. SIGNATURE AND TITLE OF CERTIFIER		, , , , , , , , , , , , , , , , , , , ,	29c. LICENSE NUM						
BE	Teresa M. Carlin W	(II		29C. LICENSE NUM	BER	▶ 7	GNEO (Month, Day, Year)			
5	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH	(ITEM 27) (Type,	Print)			,	. 01.7			
	c/o Hopkins Hospital									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR 32. REGISTRAR'S SIGNATUR	NE NE								
	10F W 1333	الماجاديا	W -							

REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi
Prours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
l tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FUNERAL DIRECT within 72 hours a MANT: If Itom 2

TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

JUL 2 9 1993

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR Annie Douglass July 26 1993 10:08am 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dwy, Year 8. BIRTNPLACE (State or Foreign 1 M 2 HOURS 11 Kg/KU/A 9e. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION DIL INSIDE CITY 1 HOUR DES 2 NO 10f. ZIP CODE 10g. CITIZEN OF 2/20 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. ff yes, specify Cuban, Maxican, Puerto Ri 1 ☐ YES 2 O HO Specify: Never Married 2 Mee BY IF YES, GIVE WAR OR DATES 4 Divorced ACK K COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give ldnd of work done during most of 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) tousewife 18. MOTNER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle, Last) G-1 BSOY ENDLE OHL NULE BE 19b. MAILING ADDRESS (Street and Nu 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION uriel 2 🗆 Cre n 3 🗆 Donetion 8 - Other (Specify) SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disea as, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Arrhythmias resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sepsis(status post) abdominal surgery PHYSICIAN: MEDICAL CERTIFICATION 7/24/93 Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events unstable angina
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Schizophrenia COMPLETION OF CAUSE 1 - YES 2 T NO Incarcerated ventral hernia 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Department 2 DER/Outpatient 3 DOA OTHER: 1 YES 2 XNO a 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 7/26/93 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Ramonchita Memor, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Yea

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ısit permit. Pages 1, 2, 3 should

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page		2
irector,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE 9	3 22098				
	1. DECEOENT'S NAME (First, Middle, Last)	Wil	Lliam J.	Engl	e.a	2. DATE OF MONTH Jul	DAY	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 220-40-8372 96. FACILITY NAME (If not institution, give s	3. SEX 8. AGE (1) 1 ☐ M 2 ☐ F 5	BIRTH 1-1942	8. BIRTHPLACE (State or Foreign Country)								
DIRECTOR	Stella Maria Hospice Towson Ba											
DIRE		zltimone	10c. CITY,	Bal	timore			10d. INSIDE CITY LIMITS? 1 YES 2				
FUNERAL	100. STREET AND NUMBER 24// Windson	Rd.		1	2/234			10g. CITIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 × MD	It yes, s	CENDENT OF HISP/ pecify Cuban, Mexic S 2(2)CNO Spec	an, Puerto Rica	Specify Yes or No— 1 in, etc.)					
COMPLETED	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Chauffeur Coca Cola											
	17. FATHER'S NAME (First, Middle, Lest) Edward B. Er	igles, Sr.				AME (First, Midd	16, Maidon Surname) Twamley					
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Furel Route Number, City or Town, State, Zip Code) 24/1 Windson Rd. Balto., Nd. 2/234											
	20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Rem □ Donation 5 □ Other (Specify)	oval from State Com-	PLACE AND DATE OF	DISPOSITION (leme of	DATE	20c. LOCATION - CI	ty or Town, State				
	Hantley Millen Funeral Home 7527 Hantond Rd. Balto. Md. 21234											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arreet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (DR AS A CONSEQUENCE OF): Approximate interval Between Onset end Daeth Onset end Daeth											
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
A	PART II. Other aignificant condition		PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: MEDIC			7					1 TES 2 NO				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C	/	DOCHY) HOSPI	e'e.				
	27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation	26s. DAYE OF INJURY (Migsth, Day, How)	286. TIME INJUI	OF 28c. IN	JURY AT ORK? YES 2 ND	_	BE HOW INJURY OCCU					
TED BY	2 Accident 3 Sulcide a Could not be determined	ON (Street and Number or own, State)	Rural Route Number,									
COMPLETED		CIAN: To the best of my knowle						i. cause(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER				290 LIVENSE NU			SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	Palson	y V=11	To the	2/2	08				
	31. DATE FILED (Month, Day, Year) JUL 2 9 1993	32. REGISTRAR'S SIGNA	TURE Park 19	,		· · · · · · · ·						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNI HE FUNKEAL UNHECTOR; WHEN TIMS centricate has been signed by the attending proficial and opposition and office from the funeral director, page 5 should be detached for use as the burial-transit be field within 27 hours after death with the State Dant of Health and Mental Hvilane notes to hurial cremation or sentrol director, page 5 should be detached for use as the burial-transit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) 2 9 1993

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /				HEALTH DEA		MENTA	AL HYGIEN REG. NO.	E 9	3	22099
	1. OECEDENT'S NAME (First, Middle, Last)	Combida	Th- 13-						2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
		Sophie	Eastis									93	1:30 A. M
	212 26 2007	5. SEX 1 ☐ M 2 🂢 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDE MONTHS	DAYS	HOURS	MIN.	(Mor	7. DATE OF BIRTH (Month, Day, Year) 03/08/1914 8. BIRTHPLACE (State or Foreign Country) Maryland			
	9a. FACILITY NAME (If not institution, give street and number)						OR LOCATI					TY OF DE	
DIRECTOR	6801 White Wate	er Way A	pt. 201		G1e	Glen Burnie Anne Arundel					undel		
	Maryland Anne	ioc off, found on coordion											10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	100. STREET AND NUMBER 6801 White Water		101. ZIP CODE 10g. CITIZEN OF						S.A				
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DE	CENDENT (OF HISPAI	NIC ORIG	IN? (Specify Yea			American Indian, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	10			ecify Cubi 3 2 <mark>疑</mark> NO			Rican, etc.)		Black, Specify	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a, DE	CEDENT'S	USUAL C	CCUPATI during m	ON ost of workli	na	16	b. KIND OF BUS	SINESS/INDI	JSTRY	VIII 00
COMPLETED	8th Grade Janit									City I	Publi	c Sc	hool
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT			Middle, Maiden	Surname)	-	
B		ank G	asiorows							zia Si			a
2	Bernice Beran 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 801 White Water Way Apt. 201 Glen Burnie, Md.												
	20a. METHOD OF DISPOSITION		20b. PLACE		-			way					
	1 Densition 5 Other (Specify)	ral from State	cometery, cre	matory or o	thar place)				7 /		cation — c		aryland
П	31. SIGNATURE OF FUNERAL SERVICE LICE	NIEE	Co	1111	22.	NAME A	ND ADORE	SS OF FA	CILITY				
Щ	· C. Kuka		Xbr	re	40	001	Ritcl	hie	Hwy.	uneral Balt	imore	, Md	• 21225
	23. PART I. Entar the disesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory erreat, ahock, or heart failure. List only one cause on each line. Approximate interval Between												
	immediate cause (Final disease or condition resulting in death) a. Metastatic Lei Onyosa (Comulto brown)								15 months				
Z													
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):											
TER	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								1
H	d.												
ابا	PART ii. Other aignificent conditions	contributing to	deeth but not re	esuiting	in tha u	nderiyin	g cause g	given in	Part I.	24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
MEDICA										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												- \
띯	EXAMINER?	HOSPITAL:	Eng		OTHE	R:	LACE OF D		,				
H H	27. MANNER OF DEATH	26s. DATE OF	INJURY	28b. TIM		28c. INJ		sidence		er (Specify) SCRIBE HOW IN	LIURY OCC	IREO	
ВУ Р	1 Statural 5 Pending Investigation	(Month, Di	iy, Ybar)	LNI	URY M	WC	PRK? YES 2] NO	200. 02	QUINDE HOW II	WONT OCC	JALO	
8	3 Suicide 8 Could not be determined	28s. PLACE Of building,	F INJURY — At horetc. (Specify)	me, larm, s	treet, fac	tory, offic	•		281. LOI City	CATION (Street a or Town, State)	nd Number o	or Rural Ro	ute Number,
J.	29a. CERTIFIER (Check only	AN: To the best of	my knowledge de	off occurre	d at the t	ime data	and place	and dur-	to the co	was(a) a=4 ===		4	
COMPLET	(Check only one) 2 MEDICAL EXAMINER:												and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	DO.	1	.0			29c. LICE	NSE NUN	ABER	-)	29d. DATE	SIGNEO (Month, Day, Year)
296. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. SIGNED ADDRESS OF PERSONNING COMPLETED CAUSE OF DEVELOPE AND CAUSE OF DEVELOPE AND CAUSE OF										193			

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BALTIMORE, MARYLAND 21215-00	ing	the	
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SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pit	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	ter death with the State Dept. of Health and Mental Hydiene odor to burial, cremation, or removal
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in a	444	0	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICA	TE OF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	a El	e 07 e	-		2. DATE	OF DEATH	6 6	EAR	TIME OF DEATH
	ii A	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) IF UI	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH	10.	<u> </u>	State Foreign
3 should	- 1	9a. FACILITY NAME (If not institution, give str	reet and number)	9b. (CITY, TOWN (OR LOCATION OF DI	EATH	-3-0	9c. COUNTY	OF DEAT	н
1, 2, 3 s	TOR	The SOF	Evergren	CNNW	Bal	timo	n	,			
permit. Pages 1, 2, 3	DIRECTOR	10a. STATE 10b. COUNTY	0	10c. CITY, TOV	NO LOCAT	rion 15				3	1. INSIDE CITY LIMITS? YES 2 NO
sit permi	FUNERAL	100 STREET AND NUMBER MC	Kean F	tre	101	ZIP CODE	17		10g. CITIZEN	OF WHAT	COUNTRY?
ing physicial	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPAI ectly Cuben, Mexica 2 NO Specifi	in, Puerto		or No- 14.	RACE — Black, W	American Indian, hite, etc.
S and S		15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USUA	L OCCUPATIO	ON	16	b. KIND OF BUS	INESS/INDUS	TRY	MACN
spital or ed for u	APLETED	(Specify only highest grade of Elementary Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work do	one during mo	st of working					
8 & 6	E COMPL	JOHN DOI	nd			18 MOETHER'S NA	ME IFFSI.	Middle, Maidea	-	Sir)
be retained to ge 5 should be notified	TO B	JSA_IMEOBMANT'S NAME (Type/Print)	abel	196 MAILING ADDR	NESS (Street	ond Number or Rural	_	noor, Cityor Your	State, Zip 30	alto	MD Zizz
e 6 may be ector, page must be		20st METHOD OF DISPOSITION 1/3 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State 296	PLACE AND DATE OF DIS	ce)	non A	JA J	7 /20c. LOC	CATION A City	fr Town,	us hol
death. Page 6 may be funeral director, page 1.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AI	ND ADDRESS OF FA	CILITY	11 6	1000	4	300
after after moval.		23. PART i. Enter the diseases, or co	omplications that caused	d the death. Do not ar	ter the mo	da of dving suc	t as car	diac or manie	retory arrest		Approximate
24 hour filled I filled I from or the m		shock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition	list only one cause on a	ech Ilne.		au or dying, soo	ir as car	unac or respir	atory arrest	,	interval Between Onset and Death
8 9 4 9		resulting in death)	DUE TO (OR AS A	A CONSEQUENCE OF):							
be execution and for to bur raumatic	CATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
n certificate be nding physician Hygiene prior to other traur	ERTIFIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	<u> </u>						
e H	CER	resulting in death) LAST	, a,								
d Me		PART II. Other eignificent conditions	contributing to death b	out not resulting in the	underlying	g ceuse given in	Part i.	24a. WAS AN A			RE AUTOPSY FINDINGS
ires that signed by fealth an	EDICAL							1 🗆 YES 2	□ NO		MPLETION OF CAUSE DEATH?
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health riced, or Item 23 shows an	N: M						_			10	YES 2 NO
The It ate has ate De	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Torr	26. PL	ACE OF DEATH (Ch	eck only o	ne)			
ICIAN: ertifica the St	PHYSICI	1 TYES 2 MO	1 ☐ Inpatient 2 ☐ ER/Outp		Nursing Hom	e 5 🗆 Residence					
NG PHYS fter this cath with marked	BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		PRK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
TTENDI STOR: A after de		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	factory, offic	•		CATION (Street e. or Town, State)	et end Number or Rural Route Number, te)		
3 72 =	COMPLET		IAN: To the best of my know R: On the beels of examination							Buse(e) en	d manner ee stated.
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: 1	8	296. SIGNATURE AND TITLE OF CERTIFIER	1	D		29c. LICENSE HUN	тен			CHED (MO	7 (The Chart
	5	30. NAME AND ADDRESS OF PERSON WHO	CMAN CHAN	ATH (ITEM 27) (Type, Printy	eiste	ntown	12	Q #-	365	-13	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE				, ,	- U-4		
		111 2 9 1993	Julia Tavidan	- Parate							

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		mit. ripes 1, 2, 4 should	1
BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit pen, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	TIFICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Marquerite, C.	Fond		2. DATE OF DEATH MONTH JULY 2	7 /00	3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birth		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign unity)			
	9a. FACILITY NAMF (If not institution, give street and number)		22 1 2 2 2 2 2 2 2						
RECTOR	Good Samaritan Hospital		or location of de Ltimore		9c. COUNTY O	F DEATH			
EC		c. CITY, TOWN OR LOCA	TION			404 BIDIOS OTTV			
·	Md	Balt	imore		10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
FUNERAL	100. STREET AND NUMBER 6810 Stunbnidge Dr.	10	2/234		10g. CITIZEN OF WHAT COUNTRY?				
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica 8 2 NO Specify	В	- 14. RACE — American Indian, Black, Whita, atc. Specify: White				
ED	15. DECEDENT'S EDUCATION 16a. DECEDE	ENT'S USUAL OCCUPAT	ON	16b. KIND OF BUS	SINESS/INDUSTR				
COMPLETED	Conege (1-4 or 5 +)	nd of work done during m NOT use retired.) Omemaker			Home				
N N	17. FATHER'S NAME (First, Middle, Lest)	memareen		ME (First, Middle, Maiden					
Ö	George Reach		Carol		Sumeme)				
BE		ILING ADDRESS (Street		Route Number, City or Tow	n State Zin Code)				
2	44 41 41 41 41 41 41			Balto. Ma					
	20a. METHOD OF DISPOSITION 20b PLACEANDO	ATE OF DISPOSITION /A	ame of	04TE 200 LO	CATION CIE. or	Town Ctate			
	1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	on Cemete	2. h. U	7.31 B	alto.	MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	ND ADDRESS OF FAC	CILITY					
	Martly Apriller	752	7 Harto	Ller Fun and Rd. B	alto	ome Md. 21234			
	23. PART I. Entar the diseases, or complications that caused the death. shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. AUTOC. PULMONAL OUE TO (OR AS A CONSEQUENT)	RY EDEM	4 AND	PNEVHO N	IA	Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. INTRACTABLE CONGESTIVE CARDIAC FAILURE DUE TO (OR AS A CONSEQUENCE OF): c. ATHEROSCUEROTIC CARDIA— VASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): d.								
7	PART II. Other eignificant conditions contributing to death but not result	ting in the underlying	g cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	DEMENITIA SI POST CEREBRO VASCULAR 1			PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: ME									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		LACE OF OEATH (Che	ick only one)					
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 Do	OTHER: OA 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED				
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, fa	erm, street, factory, offi	-	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beat of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
8	296. SIGNATURE AND TITLE OF CERTIFIER ", RESIDENT,	GSH.	29c. LICENSE NUM	BER	29d. DATE SIGN	EO (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	HOCDI	TAL, BA	TIMA	E, MD.			
	JUL 2 9 1993 Julia Lavidson Ponder					1			

- 1. No. 1

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC/	ATE O	OF DEATH		REG. NO	٥.		
1	1. DECEDENT'S NAME (First, Middle, Last))					2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	RICHARD	Dennis	GROSS				JÜL		1993		11:15 a.m
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi		UNDER I YEA			E OF BIRTN oth, Day, Year)		8. BIRTN	NPLACE (State or Foreign
1	219-18-3189	1 M 2 D F	66	YRS. MONT	NTHS DAY	YS HOURS MIN.		30 1	1926	Countr	aryland
1	9a. FACILITY NAME (If not institution, give			9b.	CITY, TOW	WN OR LOCATION OF				JNTY OF D	
5	THE JOHNS HOPKI	NS HOSPITAL	i	P	BALTI	MORE CIT	Υ.		BAL	TIMO	ORE CITY
ਹੈ ।	RESIDENCE OF DECEDENT									- 1 - 1 10	WE CITI
DIRECTOR	10e. STATE 10b. COUNT	TY	1	10c. CITY, TOY	WN OR LO	CATION					10d. INSIDE CITY LIMITS?
	Maryland			Bē	altim	nore					1 YES 2 NO
M	10e. STREET AND NUMBER					101. ZIP CODE	11		10g. CITI	IZEN OF V	WHAT COUNTRY?
FUNERAL	3723 Reisters					2121	15			U	ISA
5 1	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X 1	VER IN U.S. ARME	ED		DECENDENT OF HIS	SPANIC ORIGI		se or No-	14. RACE	E — American Indian, ik, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES			s, specify Cuben, Mex YES 2 NO Spe		Rican, mu.,		Speci	
E0 8		World Wa			<u> </u>					1	Black
ETE	15. DECEDENT'S EDI (Specify only highest grad	de completed)	(Give i	EDENT'S USUA	done during	PATION 7 most of working	168	b. KIND OF BU	JSINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	#ID. DO	Oo NOT use retin	tired.)						
COMPL	10th Grade			Past	teur	izer				aft	Greensprin
_	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S			n Surname)		
H H						Helen					
<u>و</u> ا	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Run			wn, State, Zip	o Code)	21215
-1	Eleanor Gross					terstow	n Ro	ad	Balt	imo	re, MD
1	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem	moval from State	20b. PLACE AND	ID DATE OF DIS	SPOSITION		DAT	TE 20c. LC	OCATION —	City or To	own, State
	4 Donation 5 Other (Specify)		Wood1	awn C	Ceme	tery	17/	27 P	3a <u>lti</u>	mor	e Co, MD
1	21. SIGNATURE OF FUNERAL SERVICE LI	JCENSEE ()			22. NAME	AND ADDRESS OF	FACILITYN	utter	Fun	nera	1 Homes,
	- fary on Kol	llens			250	1 Gwynn timore,	ıs Fa	lls P	arkw	<i>l</i> ay	
	23. PART i. Enter the diseases, or shock, or heart fellure	complications that car	used the death	h. Do not er	intar the r	mode of dying, a	such as cer	diac or rear	piratory arr	reat,	Approximeta
- //	ahock, or heert fellure. iMMEDIATE CAUSE (Final	e. Liet only one cause o	on each line.								Interval Betwee
-	disease or condition resulting in death)	Grotin	in Ao	incl							1100
1	P P	DUE TO (OR	AS A CONSEQUE	ENQE OF):	4.		4			_	100
z		Thomas	m or	Comb.	olic	macen	de	in C	PB.	Since	Pday
은 /	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR	AS A COMSEQUE	ENCE OFI:	1	process	The second	J	-	1	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Cormany	Arte	Un IV	ren	2-					12/0 gr
1	that initiated events resulting in death) LAST	DUE TO (QA)	AS A CONSEQUE	INGÉ OF):							
	resulting in death) LASI	d									
2	PART II. Other significent condition	one contributing to der	eth hut not res	witing in th	- underly	des seuse siven	In Boot I	722 448 41		7 245	The same of the sa
S		Menosis	III DOL NO	Jiting in	a unuon,	Ing cause given	In Part I.	24a. WAS AN PERFO	PRMED?	240.	AVAILABLE PRIOR TO
ō ∥	Journa /	V V V						1 TYES	NO	ł	OF DEATH?
NE NE							/		·		1 YES 2 NO
PHYSICIAN:											
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. HER:	. PLACE OF DEATN ((Check only or	ne)			
3	1 YES 2 NO	10 Inpatient 2 - ER/6		DOA 4	Nursing N	Nome 5 - Residenc	ce 6 🗆 Othr	er (Specify)			
- 10	27. MANNER OF DEATN 1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Ye		26b. TIME OF INJURY		INJURY AT WORK?	28d. DE	SCRIBE NOW I	INJURY OCC	CURED	
⋒	2 Accident Investigation			R		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, etc. (IURY — At home, (Specify)	, farm, street,	, tectory, of	flice	26f. LOC City	CATION (Street or Town, State)	and Number	or Rural R	loute Number,
. I		/									
OMPL	29e. CERTIFIER (Check only	ICIAN: To the best of my ki	knowledge, death	occurred at f	the time, d	iste and place, and r	due to the ca	use(e) end me	inner se stal	ied.	
O		NER: On the basis of examin									i) and manner se stated.
ŭ W	29b. SIGNATURE MID TITLE AN COUNTY	7				29c. LICENSE N					(Month, Dgl., Year)
6	Think	5 744				1)41	1254	1	294. 500	7	(Morth, Usy, Tolli)
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE O	F DEATH (ITEM 27	on aline Print	44.	1011	2-1			//-	24/13
5	Konta J.	Zehr 91.	J W. 1	King		tony Road	d J	oppe	Mi	b :	21085
ナ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S				/		//			
- h				4.							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	the second secon
BALTIMORE	house offer death Dage & man. h
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 OR ATTENDING DIVELLARY The law requires that the death confidence has asserted within 34 hours often show Brown Brown has been been been been been been been bee
IVISION OF VITAL	OB ATTENDING PHYSICIAN: The law

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPA CERTII	RTMENT	OF H	IEALTH DE A	AND	MENT	AL HYGI	ENE 9	3	22103	ŧ
	1. OECEDENT'S NAME (First,	Middle, Last)			-			DEA		2 047	E OF DEATH		-	3. TIME OF DEATH	
	VALERIE		nora		GLAD	DEN				JUL	Y 23	th end	YEAR		ı
	4. SOCIAL SECURITY NUMB	ER	5. SEX	R AGE //n u	s. last birthday		A WEAR	F (1)	R 24 HRS.	-		, 1993		7:06 A	M
	017 10 740	1 M 2 X F			MONTHS	DAYS	HOURS	MIN.		E OF BIRTH 1th, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)		
	217-12-5404 98. FACILITY NAME (If not in:		71		78 YRS.					Dec	27	1914		Maryland	
OC.	THE JOHNS			TA1					OTTV				UNTY OF		
DIRECTOR	RESIDENCE OF DEC		INS HUSP.	LIAL		BAL	- 1 1	ORE	CITY			BA	/LTI	10RE	
ည္	10a. STATE	10b. COUNTY			10c. C	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
뜻								ion						LIMITS?	
	Maryland 100. STREET AND NUMBER					Baltin								1 YES 2 NO	
FUNERAL	The lease of the same of the s						101	ZIP COD				10g. Ci	TIZEN OF	WHAT COUNTRY?	
Ä	2407 St.	Steph				3A			216				(JSA	
5	11. MARITAL STATUS 1 Never Merried 2		12. WAS OECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13. \	WAS OEC	ENDENT (OF HISPAN	NIC ORIG	iN? (Specify Rican, etc.)	Yea or No-	14. RAI	CE — American Indian, ck, White, atc.	
ВУ	3 Widowed 4 X Divo		IF YES, GIVE Y	WAR OR DATES	PE	i	YES	2 NO	Specif	y:	Tilouit, etc.,	'		icify:	
						1							<u> </u>	Black	
TE	(Specify only	EDENT'S EDUC highest grade	completed)	16	(Give kind of	work done	during mo	ON st of worki	ng	16	b. KIND OF	BUSINESS/IN	DUSTRY		
4	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	me. Do NOT	Give kind of work done during most of working b. Do NOT use retired.)									
MP			College			clerk					U.S.	Gov	ernn	nent	
COMPLETED	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NA	ME (First,	Middle, Mai	den Surname)			
BE	Joseph Cl								Jos	seph	ine	Smit!	h		
2	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILIN	G AODRESS	(Street a	nd Numbe	r or Rural I	Route Nu	nber, City or	Town, State, Z	ip Code)	Balto, MD 21216	
=	Shirley G	. Jon	es		2411	St.	St	ephe	ens	Cou	rt	Apt	2D	21216	
	20a, METHOD OF DISPOSITION 1 (X Burlet 2 □ Cremetto			20b. PL	ACE AND DATE	OF DISPOSE	ITION (Na	me of				LOCATION -		Town, State	
	4 Donation 5 Other		oval from Stata	_ cemeter	ng Me	mori	a l	Parl	ζ					ounty, MD	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		3	22.1	NAME AN	D ADDRE	SS OF FA	CILITY	Mutte	r Fun	eral	Homes, In	
	1 De	teel	-8. h	atte	9	2	501	Gwy	nns I e, MI	Fall	s Par 1216	kway	CIUI	nomes, in	•
	23. PART I. Enter the di	seeses, or c	omplications tha	t ceused th	e death. Do							epiratory a	rreet,	Approximate	
	shock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final										Interval Betwe				
										Sichemicross, III S.	P(II)				
	disease or condition resulting in death) a. Rehal Failue Due to (or as a consequence of):									3 weeks					
_ 1															
Ó	Sequentially list conditions, Due to (or as a consequence of):														
AT	If any, leeding to immed cause. Enter UNDERLYII			(on no n oo	NOLUGE (. ,.									
CERTIFICATION	CAUSE (Disease or Injusthat Initiated events		DUE TO	(OR AS A CO	NSEQUENCE (NE)·									
E	resulting in death) LAST					,.								i	
8															
AL	PART II. Other significer	nt conditions	contributing to	death but r	ot resulting	In the un	dariying	Couse (given in	Part I.	24a. WAS	AN AUTOPSY	24	b. WERE AUTOPSY FINDING	is
2	Pulmonany	Fibr	807.05									ORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		3									1 U YES	2 NO		OF DEATH?	
2														1 TES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO	MEDICAL									<u> </u>				
고 고	EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only o	ine)				_
YS	1 TYES 2 NO		1) Inpatient 2			4 🗆 Nurs		9 5 □ Ra	sidence	8 🗆 Oth	er (Specify)				
표	27. MANNER OF DEATH	erani i	28a. DATE OF (Month, D.		28b. Til	JURY	28c. INJU WO			28d. DE	SCRIBE HO	W INJURY O	CCUREO		
BY	1 Natural 5 Pending Investigation					М	1 🗌 Y	ES 2	NO						
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At he building, etc. (Specify)					oms, farm, street, factory, office ;				281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide determined City or Town, State)														
7	29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowledou	, death occur	red at the tir	me, dete	and place	and due	to the or	usala) and	manner on -1	nted		-
3															
5 II	2 MEDIC	CAL EXAMINER	t: On the basis of ar					investigation, in my opinion, death occured at the time, d				ne, data and place, and due to the cause(s) and manner as stated.			
COMPLETED	2 MEDIC		t: On the basis of a	ramination and	l/or Investigati	on, in my op	pinion, de				a arro praca,				
BE CO	29b. SIGNATURE AND TITLE			remination and	I/or Investigati	on, in my op	olnion, de	29c. LICE	ENSE NUM	ABER		29d. DA	TE SIGNE	D (Month, Day, Year)	_
ш	2 MEDIC	OF GERTIFIER	MD				pinion, de	29c. LICE		ABER		29d. DA	TE SIGNE		

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

examiner must be notified at once.

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event,	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	REGISTRAR		C	EKITE	CATE OF	DEATH	REC	3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
				rett			07		.993	8:15 P. M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	fear)	8. BIRT	HPLACE (State or Foreign
	458 38 3579	1 🗌 M 2 🔀 F	68	YRS.			10/09	/1924	We	st Virginia
or.	9a. FACILITY NAME (If not institution, give st					OR LOCATION OF D	EATH		UNTY OF I	
0	606 Cresswell	Road			Baltin	rundel				
EC	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN OR LOCA	TION				10d, INSIDE CITY
HO	Maryland Ann	ne Arundel			ltimore					LIMITS?
9	10e. STREET AND NUMBER					H. ZIP CODE	100 0	TIZEN OF	1 TYES 2 NO	
ER/	606 Cresswell H	Road				21225		log. ci	U.S.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spec	ify Yes or No-		E — American Indian,
7 F	1 Never Married 2 Married	FORCES? 1 [YES 2 TYPE	10	If yes, s	oecify Cuban, Maxico S 2 ☑ NO Specif	en, Puerto Ricen, a	tc.)	Spec	k, White, etc.
ВУ	3 Wildowed 4 Divorced					24.	,		Spor	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G	ive kind of w	USUAL OCCUPAT	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT us	e retired.)					
₹	7th Grade		Ho	ousew	ife			ne Make	r	
	17. FATHER'S NAME (First, Middle, Last)	7				1	ME (First, Middle, I			
H		ay Arme	ntrout				acie Fo			
2	19a. INFORMANT'S NAME (Type/Print) Edmond Garrett	Cv				and Number or Rural				2 0100=
	20a. METHOD OF DISPOSITION	or.		_	esswell		Baltimo	-		
	1 Surial 2 Cremation 3 Remo	oval from State	cemetery, crei	metory or oth	F DISPOSITION (N			Oc. LOCATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Cedar	H11	1 Cemet	ETY ND ADDRESS OF FA	1/28	Baltim	ore,	Maryland
		150	1		Georg	ge J. Gor	ice Fune	ral Hon	ne P.	Α.
_	Nicharce	(CC)	20		4001	Ritchie	Hwy. B	altimo	ce, M	id. 21225
	23. PART i. Enter the diseases, or c shock, or heart fellure. I	omplications that cause	eused the de	eth. Do n	ot enter the m	ode of dylng, suc	h es cerdiac or	respiratory e	rrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final	1								Onset end Death
	disease or condition resulting in death)					Canter				Tyears
		DUE TO (O	R AS A CONSEC	UENCE OF):					
ON	Sequentially list conditions,	DUE TO (O	R AS A CONSEC	HENCE OF						
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	332 10 (0	TAS A CONSEC	DENCE OF	1.					
띮	CAUSE (Disease or Injury that Initiated events	DUE TO (O	AS A CONSEC	UENCE OF):					
E	resulting in death) LAST									
	DATE II OM I - III III									
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to de	eth but not n	suiting Ir	the underlying	g cause given in		AS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							1	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
M							_			1 TES 2 NO
ä								_	_	
를 일	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF GEATH (Ch	eck only one)			
¥.	1 YES 2 DAG	1 Inpetient 2 E				ne 5 Residence				
	1 Natural 5 Pending	(Month, Day,		28b. TIME INJU	IRY W	URY AT	28d. DESCRIBE	HOW INJURY O	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26a PLACE OF II	HIRV - At hor	no form of		YES 2 NO				
3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify)							261. LOCATION (City or Town,	State)	er or Hural I	Route Number,
COMPLETED	29a. CERTIFIER			-						
₹	(Check only 1 CERTIFYING PHYSIC	MAN: To the best of my								
8	2 MEDICAL EXAMINER	7	imation and/or ii	ivestigation	, in my apinion,	leath occured at the	time, data and pla	ca, and due to t	he cause(s	i) and manner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER		-			29c. LICENSE NUI	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETE THE				レイン	82		1/20	5/53
	XON UI DE	COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type, i	Print)	N 15/1	110			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	- (1 8 3 W	14 05/1	ral (2	1 M		
41	1111 9 0 1003	die Jane	SIGNATURE	M.		-				



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

-	HEGISTHAH		CERTIFIC	AIE UF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Migdig, Last)	LESTER	CARRING'	TON GAL	LEN	2. DATE OF DEATH MONTH DO	m. /3.	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 114-38-9104 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-18-0		HRTHPLACE (State or Foreign country) EW Jersey			
	9a. FACILITY NAME (If not institution, give street and numb	er)		b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	VILLA ST MICHAEL 4	1800 Se hu	n Dr	Bala	more		77-19-19				
I III	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	MD Anne Arund	le1			BURK	IE		LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 6602 RAPID WAT	ers h	MAY	101	2106	0	10g. CITIZEN	S, A			
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S ? 1 YES 2 GIVE WAR OR DATES	NO NO	if yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specifi	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	180	e. DECEDENT'S US	k done durina ma	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY			
PLE	Elementary/Secondary (0-12) College (1-	l or 5+)	ille. Do NOT use	NTIS	1	Family	Denta	l Practice			
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		I Tractice			
BE C	Leon Gallen				Emma K		Surraine,				
	19a. INFORMANT'S NAME (Type/Print)	MH	19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Cod	0)			
2	Beverly J. Gallen		Same a	s #10			91_71				
	20a. METHOD OF DISPOSITION 1 □ Surial 2 □ Cremetion 3 □ Removal from St 4 □ Donation 5 ② Other (Specify) □ □ □ □ □ □	ent Lor	ACE AND DATE OF TAINE P	DISPOSITION (Ne r plece) ark Mau	soleum	7/31/93 Ba	cation - chy				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	uneral Hom									
	23. PART I. Entar the diseases, promplication	lu su	,			, Towson,					
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
MEDICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
ō	EXAMINER? HOSPITA			26. PL	ACE OF DEATH (Ch	ack only one)					
1×S		t 2 ER/Outpatie		1		8 Other (Specify)					
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	onth, Day, Year)	28b. TIME INJUR	M 1 🗆 '	RK? /ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D			
8	3 Suicide 8 Could not be 4 Homicide determined	ACE DF INJURY — I Ilding, etc. (Specify)	At home, farm, str	et, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the loss one) 2 MEDICAL EXAMINER: On the best							use(a) and manner se stated.			
TO BE CO	296. SIGNATURÉ AND TITLE OF CERTIFIER	B	u	D	29c. LICENSE NUI			ENED (Month, Day, Year)			
F	30. NAME AND AGORESS OF PERSON WHO COMPLETE Dr. Harold Bob - Villa				aton Ave	., Balto.,	Md. 2	1215			
5	31. DATE FILED (Month, Day, Year) 32. 950	SIŞTRAR'S SIGNATU									
	20 200										

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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physic	aly filled in by the funeral director, page 5 should be detached for use as the burial lation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OINIE OI MAI	CERTIF	FICATE OF	DEATH	MENIAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	4/2-	lair V			2. DATE OF DEATH MONTH D	AY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 Z		8. BIRTHPLACE (State or Foreign		
	106-44-8319	1 🗆 M 2 🖫 F	38 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	55	Country)		
R	9a. FACILITY NAME (If not institution, give s	Ave B	ATTE ZINE	9b. CITY, TOWN	OR LOCATION OF D	EATH		TY OF DEATH		
5	RESIDENCE OF DECEDENT		76 por 2121	1 101	MIMO) ne				
DIRECTOR	10e. STATE 10b. COUNTY	'	10c. CI	RANT	More			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER	1		10	. ZIP COOE		10g. CITIZE	EN OF WHAT COUNTRY?		
FUNERAL	1949 Kidgeh	111 HZ	le		2121	7	U.	5A		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1	YES 2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 1	14. RACE — American Indien, Black, White, atc. Specify:		
	15. DECEOENT'S EDUC		16e. DECEDENT'S	S USUAL OCCUPATI	ON	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during me	est of working					
MP	12		13 45	Dri	rer					
	17. FATHER'S NAME (First, Middle, Last)	COTT	6		18. MOTHER'S NA	AME (First, Middle, Maiden	Sumeme)	-//		
BE	19e. INFORMANT'S NAME (Type/Print)	55011	5r,	O ADDRESS (Company)	cmi	ly roole	50	20//		
2	LAShawN S	· ScoTT	1949	Ricke	Lill A	Noute Number, City or Tow	n, State, Zip C	m d 2/7/7		
	20e. METHOO OF DISPOSITION 1 ABuriel 2 Cremation 3 Reme	oval from State	20b. PLACE AND DATE cometery, cuemitory pr	OF DISPOSITION (N	arme of	DATE 20c. LO	CATION - CI	ity or Town, Slate		
	4 Donation 5 Other (Specify)		KING	Park		32-93 Ra	Ndalk	TOWN Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	638 Ni	Gilmo	or street		
	Allen	Men		Alhe	TP.W	YLie - m	orTic	jan 2/2/7		
	23. PART I. Enter tha diseases, or c shock, Dr heart failure. I	omplications that ca List only one cause	used the death. Do on each ilna.	not anter tha mo	de of dying, suc	ch as cardiac or respi	iratory arres	st, Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition	Pera	as Lan	11 80 1-1-	4 11.	ΔΔ	1.	Onset and Death		
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE O	OUVUP	1 (Willen	- Mylobaci	Livici	al rours		
z		AIDS	3		NV	now issue	an			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	OF):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	OF):						
	resulting in death) LAST	1								
	PART II. Other significent conditions	s contributing to dea	th but not regulation	In the underlyin		sai I a was				
SA	Sales against constant	s contributing to dee	ui but not resulting	in tha underlyin	g cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
		1 Tyes 2 NO COMPLETION OF CAUSE DF DEATH?						DF DEATH?		
PHYSICIAN: MEDI		20. PLACE OF DEATH (Check only one)								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJU (Month, Day, Ye		JURY WO	RK?	28d. DESCRIBE HOW I	/ INJURY OCCUREO			
BY	2 Accident Investigation	250 PLACE OF IN	JURY — At home, ferm,		ES 2 NO					
COMPLETED	3 Suicide S Could not be determined	building, etc.	street, ractory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	SICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as atated.								
N O	one) 2 MEDICAL EXAMINER	NER: On the basic of my knowledge, seath occurred at the time, care end piace, end due to the cause(e) end manner as attited. NER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(e) and menner ee stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER							SIGNED (Month, Day, Year)		
	HIMMINA	TMU			038	398	17	-29-93		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	MA MD	_	E Mm	yment St.	Pm 74	Balto MD		
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			1 10/1	ALLEN TO THE TOTAL OF THE TOTAL	Jrs 170			
	JUL 2 9 1993 7	ma Davidson	Mandell							

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEI CERT		ENT OF H			ITAL HYGIEN REG. NO.	E	22107	
	1. DECEDENT'S NAME/(First, Middle, Last) LEONARD	HARDWICZ						2. DATE OF DEATH DAY YEAR JULY 22 1993 7.45 M			
	4. SOCIAL SECURITY NUMBER 146 14 3685	5. SEX	B. AGE (In yrs. last birthe	MONT	MDER 1 YEAR THE DAYS	IF UNDER 2	MIN.	MATE OF BIRTH Month, Day, Year)	95 3	BIRTHPLACE (State or Foreign Country)	
OR	Southern M		D HOSPITA		CITY, TOWN O	R LOCATION			9c. COUNT	Y OF DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
AL DI	10e. STREET AND NUMBER	T AND NUMBER			Fair Lawn					1) YES 2 NO	
JNER	39-09 Monroe St	0e Street 12. WAS DECEDENT EVER IN U.S. AR			07410						
COMPLETED BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES WWII I 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 □ YES 2 □ NO Specify:						RIGIN? (Specify Yea erio Rican, etc.)		4. RACE — American Indian, Black, Whita, alc. Specify: (hite	
	(Specify only highest grade completed) (Gh Elementary/Secondary (0-12) College (1-4 or 5 +)			CEDENT'S USUAL OCCUPATION Whe kind of work done during most of working Location Loca				16b. KIND OF BUSINESS/INDUSTRY Chemical Company			
CON	17. FATHER'S NAME (First, Middle, Last) Samuel Harowic	io. mother's name					(First, Middle, Maiden Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Johanna Harowic	z	196. MAII Same	ING ADD	RESS (Street at	abov	r Rural Route	Number, City or Town	, State, Zip Co	ode)	
	20a_METHOD OF DISPOSITION 1 🔄 Burial 2 🗆 Cremetton 3 🗀 Removal from Stale 20b. PLACE AND DATE of DISPOSITION (Name of cemeter), cremetory of other place) 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE St. Michael Cemetery 7/27 Hackensack, NJ 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Arlington VA 22201										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the moda of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset end Death Onset end Death Cardiovascular disease										
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part II.					ven in Part	PERFORMED? 1 YES 2 NO OF DEATH?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYS	1 WES 2 NO 27. MANNER OF DEATH	28a. DATE OF IN		TIME OF	Nursing Home 28c. INJU	RY AT		Other (Specify) DEŞCRIBE HOW IN	JURY OCCUP	BED.	
BY P	1 Natural 5 Pending 2 Accident Investigation	urel 5 Pending (Month, Day, Year)				INJURY WORK? 1 YES 2 NO					
ETEO	3 Suicide 5 Could not be delargelfied 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To Jhe best of my knowledge, dasth occurred at the lime, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.										
BE C	THE SIGNATURE AND VITE OF OPENING						IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	STONSO VALLE, M.D., LOTOY TRAFTONDR. LARGO MD 20172										
	JOL 2 9 1993	www.menidow					/				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	2 3 should		
	Pages 1		
TO THE PROPERTY OF ALL EMOUND FREIGHT HE HAW REQUIRED WHAT HE DESCRIPTION HE RESOURCE WHITHIN 24 HOURS SILES DESCRIPTIONS OF RESOURCE OF STREET OF	lificate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
ST THE ST	TO THE FU!	be filed with	IMPORTAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND	MENTAL HYGIEN		3 22108		
	1. DECEDENT'S NAME (First, Middle, Lest) Milton	М.	77			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH		
DIRECTOR	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR		05 15			M	
	306-18-9923 98. FACILITY NAME (If not institution, give a	1 X 2 0 F 6	5 YRS. MO	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-8-28		8. BIRTHPLACE (State or Foreign Country) Ohio TY OF DEATH		
	Francis Scott K				imore			timore city	7	
Ä	10a. STATE 10b. COUNTY	4	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY		
=	_ Md Wash	ington	Нас	ersto	T.712			LIMITS?		
	10e. STREET AND NUMBER	Ingron	1 Hay		ZIP CODE		10a CITIZE	EN OF WHAT COUNTRY?	_	
FUNERAL	18601 Roxbury			"	21746			SA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED			NIC ORIGIN? (Specify Ye	a or No- 1	4. RACE — American Indian,		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Speci	an, Puarto Rican, atc.) fy:		Black, Whita, atc. Specify:		
	A waste 4 Billion				Λ			Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16	Be. DECEDENT'S USI	JAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDU			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st of working					
립	0									
8	17. FATHER'S NAME (First, Middle, Last)				44 1407115010 11					
					18. MOTHER'S N	AME (First, Middle, Malder	· ·			
BE	John Matthews				Emma		5			
၉	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov				
-	Mildred Crens	haw	115 Ge	orge	Ct. Hav	re de Gr	ace,	MD 21078		
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF D	ISPOSITION (Ne	me of	DATE 20c. LC	CATION - CI	ty or Town, State		
	1 Donation 5 Other (Specify)	oval from State	ry, cremetory or other PEN MOU	nt Cr	omators			re, MD		
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //					- CIMO	Le, MD		
	11	11/1/42/11	41 11	Arno	Id Bear	rd Funera	il Sei	rvice		
1	Jenual /16	Muly	14/h			88 Havre				
	23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on each	n line.					at, Approximate Interval Betwee Onset and Dea		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
3									-1	
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	not resulting in the	t resulting in the underlying cause given in Parth metastasis			Tt I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF		"]		
A	25. WAS CASE REFERRED TO MEDICAL				10E 0E 0E					
<u> </u>	EXAMINER?	HOSPITAL:	01	Z8. PL THER:	ACE OF DEATH (Ch	eck only one)			_	
X	1 XYES 2 NO	1 Inpatient 2 I ER/Outpatie	nt 3 DOA 4	Nursing Home	5 🗆 Rasidence	8 Xother (Specify)	in ce	211		
됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT	28d. DESCRIBE HOW	NJURY OCCU	RED	\neg	
B	1 Natural 5 Pending 2 Accident Investigation	05 15 199	1000		ES 2 T NO	Self im	molat	ion		
	2 Deutste	28a. PLACE OF INJURY -		- 1			nolation nd Number or Rural Route Number,			
<u> </u>	4 Homicide 8 Could not be determined	building, etc. (Specify)		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State))	THE PERSON NAMED IN COLUMN		
MP	(Check only 1 CERTIFYING PHYSIC	(Check only								
8			ruror investigation, tr	my opinion, de	estn occured at the	time, data and place, ar	d due to the o	cause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 +			29c. LICENSE NUI	MBER	29d. DATE S	SIGNEO (Month, Day, Year)	\dashv	
	1 Wyn 11 ld thi	1/MahtMI	>	1	0 0	M E				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) /Tona Dain	e)	0.C.	М.Е.	0	5 16 1993	4	
	DONALO G. WRIGI	4.4			reet. R	altimore	Mar	ryland 2120	2 1	
	31. DAJULEO (400 79 7993	32. REGISTRAR'S SIGNATU	RE			ZZ CIMOL C	TIGIL	<u>y - unu </u>	4	

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 22] EARL HARDT 07 93 55 06 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
4.17/20 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 567-48-8906 73 Texas Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Greater Balto. Medical Center Towson Balto. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto. Towson 1 YES 2 NO 10e. STREET AND NUMBER Fairmount permit. FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 949 Fairmont Ave. burial-transit 21204 U.S.A. hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FDRCES? 1 2 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2XXNO Specify: Specify: 3 Widowed 4 Divorced the W.11 White 38 ED 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high COMPLET ò Elementary/Secondary (0-12) ege (1-4 or 5+) 4 Architect Self Employed detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) retained by the 2 notified at Edward BE Hardt Edna E. Carlisle page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lulu A. Hardt Same as 10e ours after death. Page 6 may be Pe 20s. METHOO OF DISPOSITION

120 Burlel 2 Commation 3 Removed from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Valley Mem . Gdns Dulaney 7/B0/93 Timonium , Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE medical examiner 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 Ruck Towson Funeral Home, Inc. Malle filled in by the or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximats** intarval Between IMMEDIATE CAUSE (Final **Onset and Death** cremation, the disesse or condition and completely file to burial, cremation responstory resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) phoma-metastatic executed traumatic CERTIFICATION Sequentially list conditiona, R AS A CONSEQUENCE OF prior to if any, leading to immediate attending physician mal Hygiene prior to the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten Injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO peen 0 PHYSICIAN: Dept. HOSPITAL DR ATTENDING PHYSICIAN: The law 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) Hem this certificate h with the State C irked, or Item HOSPITAL: OTHER:
4 \(\text{Nursing Home } 5 \(\text{\tint}\text{\tinter{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texitilex{\texi{\texi}\text{\tex{\tii}\tittithtt{\text{\text{\texi}\text{\texit{\text{\text{\tex{ itlent 2 ER/Outpatient 3 DOA 1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending 1 YES 2 NO BY After the 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED | 96 6 Could not be determined DIRECTOR: A 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE DE filed within 72 h (Check only one) # [MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNAT 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 025205 1281 9.3 2 BO CAUSE OF DEATH (TEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHD 16 Towson Md. 21204 31. DATE FILED /M 2 9 1993

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the winn be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	OTATE OF MARTE	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 22110
	1. DECEDENT'S NAME (First, Middle, Last)	Ross C.	Herr		2. DATE OF DEATH DAY	YEAR 8:05 A M
	4. SOCIAL SECURITY NUMBER 214 ≈ 18 ≈ 3327	1 × M 2 □ F 8 3		UNDER 1 YEAR F UNDER 24 HRS		a. BIRTHPLACE (State or Foreign Country) Pennsylvania
DIRECTOR	90. FACILITY NAME (If not institution, give of Meridian Herita RESIDENCE OF DECEDENT	ige Nursing t		CITY, TOWN OR LOCATION OF Dundalk		Baltimore
	100. STATE 10b. COUNTY MAYULANA 100. STREET AND NUMBER	Baltimore		WN OR LOCATION	Dundalk	10d. INSIDE CITY LIMITS? 1 □ YES 2 [X NO G. CITIZEN OF WHAT COUNTRY?
FUNERAL	7937 Wise Avenue			IVI. ZIF CODE	21 2 2 2	United States
B	11. MARITAL STATUS 1 Never Merried 2XX/Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 YES 2XXNO Spe	ANIC ORIGIN? (Specify Yee or P can, Puerto Rican, etc.) cify:	14. RACE — American Indian, Black, White, etc. Specity: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5+)	life. Do NOT use ret	done during most of working led.)	16b. KIND OF BUSINES	
OM	17. FATHER'S NAME (First, Middle, Last)		Insuranc		I TAV EXET IAME (First, Middle, Meiden Surn	s Insurance Co.
BE (Ross Kunkle Herr				e Emma Stoner	
5	199. INFORMANT'S NAME (Type/Print) Mts. Retty J. He 209. METHOD OF DISPOSITION				Dundalk, Mary	land 21222
	1 🕅 Buriet 2 🗆 Cremation 3 🗆 Remo	vet from State com	stery cremetony or other a	Mem. Park		ON - City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE LINE		22. NAME AND ADDRESS OF Duda→Ruck Fi	FACILITY	f Dundalk, Inc.
NO	23. PART I. Entar the diseases, or c shock, pr heart failure. I iMMEDIATE CAUSE (Final disease pr condition resulting in death)	DUE TO OR AS A	the death. Do not a sight lins. She Account of the Consequence of: AL CV A	inter the mode of dying, so	A Apine	Approximata Interval Batween Onset and Daeth
CERTIFICATION	If any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	dysphere.	/	
MEDICAL C	PART II. Other significant conditions	contributing to death bu	it not reaulting in th	e underlying csuse given i	Pert i. 24a. WAS AN AUTO PERFORMED 1 YES 2 1	? AWAILABLE PRIOR TO
						TES ZEINO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEATH (theck only one)	1 123 2 100
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Year)		HER: Nursing Home 5 Residence 28c, INJURY AT WORK?		
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpe 28e. DATE OF INJURY	29b. TIME OF INJURY	MER: Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJUR	
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special IAN: To the best of my knowle	28b. TIME OF NUJURY At home, farm, street	MER: Mursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO NO NO NO NO NO NO	28d. DESCRIBE HOW INJUR 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and N City or Town, Stete)	Y OCCURED umber or Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special IAN: To the best of my knowle	28b. TIME OF NUJURY At home, farm, street	MER: Mursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO NO NO NO NO NO NO	28d. DESCRIBE HOW INJUR 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and N City or Town, Stete) to the cause(e) end menner of the cause(e) end due	Y OCCURED umber or Rural Route Number,
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Desire of examination)	At home, farm, street by adde, death occurred at and/or investigation, in	MER: Mursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , fectory, office the time, date end piece, end do my opinion, death occured at the 29c. LICENSE NI	28d. DESCRIBE HOW INJUR 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and N City or Town, Stete) to the cause(e) end menner of the cause(e) end due	Y OCCURED umber or Rural Route Number, se stated, to the ceuse(e) and menner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Desire of examination)	At home, farm, street by the street and/or investigation, in	MER: Musling Home 5 Residence 28c, INJURY AT WORK? 1 VES 2 NO fectory, office the time, date end piece, end di my opinion, death occured at the	28d. DESCRIBE HOW INJUR 28d. DESCRIBE HOW INJUR 28f. LOCATION (Street and N City or Town, Stete) to the cause(e) end menner of the cause(e) end due	Y OCCURED umber or Rural Route Number, se stated, to the ceuse(e) and menner as stated.

Serve

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	1	-	STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D.	The second of
1. DECEDENT'S NAME (First, Middle, Lest)		IVORY			2. DATE OF DEATH	PAY 93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER A711-07-5308	5. SEX 1 📉 M 2 🗌 F	8. AGE (In yrs. legt birthdey) 93	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) Sept 29	1899	RTHPLACE (State or Foreign suntry) Florida
Frankfort Nursin		orien)		timore		9c. COUNTY O	
10a. STATE 10b. COUNT	Υ	10c. Cf	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 27 NO
Maryland 10. STREET AND NUMBER 182 Winters Lane			Baltimo 10	f. ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO AR OR DATES	If yes, as		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:		ACE — American Indien, llack, White, etc. pecify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Jr High School	CATION completed) College (1-4 or 5 +	(Give kind of ille, Do NOT (s usual occupati work done during muse retired.)	ON ost of working	1000	rant & F	Y
17. FATHER'S NAME (First, Middle, Last)			MIDIOVEG	16. MOTHER'S NA	AME (First, Middle, Maide		201
James Ivory 190. INFORMANT'S NAME (Type/Print)		I member			Cunninghai		
Conelia J. Ivory			Winters	Lane			land 21228
1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Arbutus M					County, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	nutter	22. NAME A	NO ADDRESS OF FA	Valls Park	Funeral	Homes, Inc
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	Brown Dener Due TO	chiects OR AS A CONSEQUENCE TO AS A CONSEQUENCE OR AS A CONSEQUENCE	chronic Geodin	zieleder S	ral hemi	stowa	Interval Betwee
PART II. Other aignificant condition	d	death but not resulting	In the underlying	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY 26b. TI	ME OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At home, farm. etc. (Specify)	, street, factory, offi	00	281. LOCATION (Stree City or Town, State		iral Route Number,
ann)		my knowledge, death occur amination end/or investigat					use(e) end menner as stated.
296. SHIRATURE (ORD TIPLE OF CUSTIFIE	1			29c. LICENSE NU D 7-8	1MBER 3461	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	antho	5505 H	opkins	Bayve	w Circle	Balto,	MD ZIZZ4
JUL 2 9 1993		ton-Randelle					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E-Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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A	S	P

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4	A.	2	2	L	1	-
-	~	See.				1

	1 - STATE REGISTRAR	SIMIE UF I	C	ERTIF	CATE	OF I	DEAT	H	REG. NO.		20	66	112
	1. DECEDENT'S NAME (First, Middle, Lest)							- 7	. DATE OF DEATH			TIME OF DEAT	гн
	OMAR Danie	1		OHNS	ON				07 24	1993	EAR 6	:06	PM
		5. SEX	6. AGE (In yrs. le		IF UNDER 1	-	IF UNDER 2	HRS. 7	(Month, Day, Year)	8,	BIRTHPLAC Country)	CE (State or Fo	preign
	216-82-8663	1 💢 M 2 🗌 F		18 ^{YRS.}	aon ins	UATE	NOUNS		April 23 1			ryland	E
_	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN OR	LOCATIO	N OF DEAT	Н	9c. COUNTY	OF DEATH	1	
5	LYONS MILL RD									BALT	IMOF	RE	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATIO)N				10d	. INSIDE CITY	
DIA I	Marvland				Balt:	imor	0				1.5	LIMITS?	NO
A.	10e. STREET AND NUMBER				Daro	7	ZIP CODE			10g. CITIZEI		1	
BY FUNERAL DIRECTOR	2518 Molton Way						21	244		- 20	USA		
5	The state of the s	12. WAS DECEDEN	T EVER IN U.S. A	RMED					ORIGIN? (Specify Yes	or No- 14	RACE - / Black, Wh	American Indi	en,
34	1 Never Married 2 Merried 3 Widowed 4 Divorced		MAR OR DATES	,			□ NO		ruento micani, etc.)		Specify:		
	15. DECEDENT'S EDUCA	TION	160 D	ECEDENT'S	USUAL OC	CURATION		_	16b, KIND OF BUS	INTERCUNION IN		Black	
COMPLETED	(Specify only highest grade co	empleted)	(Give kind of a	vork done di	uring most	of working		160, KIND OF BU	MESS/MUUS	ini		
7	High School	College (1-4 or 5	+)	St	uden	+							
OM	17. FATHER'S NAME (First, Middle, Lest)			- 50	ducii		16. MOTH	ER'S NAME	(First, Middle, Maiden	Surname)			
BE C	Allen V. Johnson	len V. Johnson						mma S	Simms				
TO B	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILINO	ADDRESS	(Street and		~	te Number, City or Tow	n, State, Zip Co	ide)		
F	Allen & Emma Johnson 2518 Molton Way Baltimore, Maryland 2											21244	
	20a, METHOD OF DISPOSITION 1 DATE DATE DATE DATE DATE 1 DATE DA												
	4 Donation 5 Other (Specify) MD Veteran Cemetery Garrison Owings Mills, Maryland												
1	Nuclei runeral nones, inc.											Inc.	
	Herbert & Wutter 2501 Gwynns Falls Parkway Baltimore, Maryland 21216												
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heart feliure. List only one ceuse on each line.											Approxim	
	IMMEDIATE CAUSE (Fine)										Onset and		
	disease or condition resulting in death) s.		Cod	ay	d	Ive	es	ل	Nu	235			
	DUE TO (OR AS A CONSEQUENCE OF):												
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
ATI	If any, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other significant conditions	contributing to	death but not	resulting	in the unc	deriving	cause di	iven in Pe	rt I. 24a, WAS AN	AIITODEV	245 WES	RE AUTOPSY F	SOMON
8										MED?	AVA	ILABLE PRIOR	TO
EDI	*								YES 2	□ NO	OF	DEATH?	
PHYSICIAN: MEDICAL			- 1						-		D	YES 2 🗆	NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	ATH (Check	only one)	-			
SIC		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	: ing Home	5 🗆 Res	idence 6	Other (Specify) S	CENE			
Ϋ́Η	27. MANNER OF DEATH	28a. DATE OF	F INJURY	28b. TIM	E OF	28c. INJU WOR	RY AT	7	8d. DESCRIBE HOW	HILIPY OCCU	RED TIM	IDACT	
BY F	1 Natural 5 Pending	07-2	4-1993	5:5	O'F	1 YE	S 2 🖔	NO	DRIVER	IN MC	TOR	BIKE	/TREE
	26a. PLACE OF INJURY — Al home, term, street, factory, office								8f. LOCATION (Street	and Number or	Rural Route	Number,	
ETE.	4 Homicide determined		V	VOODS	5			I	YÖNS MI	LL RD	/BAI	TO C	O,MI
PL	29a, CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best o	f my knowledge, o	leath occurr	ed at the tir	me, date e	nd place,	end due to	the cause(e) and ma	ner as stated.			
COMPLETED	O'NE) TY MEDICAL EXAMINER	On the besie of	examination end/o	r investigation	n, in my op	olnion, de	nth occure	d at the tin	ne, date end place, er	d due to the o	euse(e) end	d manner as i	stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	1	10.	0			29c. LICEI	NSE NUMBI	ER	133.43		nth, Day, Year)	
TO B	Vain 1	orle	2 /11	V			O.C	.M.E		▶07-	25-1	1993	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	1						ltimore				1201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

93 22113

ITEMS: 28a-f, PER MEO FILM g-703 9/10/93 t.t

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last)
RUBIN (Reuben) 2. DATE OF DEATH 3. TIME OF DEATH МОНТН 10:37 P. JOHNSON JR. 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHE DAYS HOURS MIN. 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 219-38-2046 1 W M 2 - F 50 2-16-43 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Balto 10d. INSIDE CITY LIMITS? Y TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4907 Litchfield Seath Page 6 may be retained by the hospital or attending physicians could be detached for use all the personal Ave 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married BALTIMORE, MARYLAND 21215-002 BY 1 TYES 2 TYNO Specify. Specify Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) Rauben W. Johnson Sr. Ħ Fannie Mvers netitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fannie Johnson 4907 Litchfield ave Balto, Md 21215 2 20a, METHOD OF DISPOSITION
1 🔀 Burlai 2 🗆 Cremation 3 🗀 Ramoval from Stata
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must ceretricemetery Methodrial Pk 7/30/ 93 Randallstown, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY terome March F/H-West 4300 Wabash Ave filled in by the h tion, or removal. humpson JR 24 hours after nedical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fellure. Liet only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finel Onset and Death and completely fille burial, cremation. the disease or condition_ Hed Injuries
DUE TO (OR AS A CONTEQUENCE OF): resulting in death) requires that the death certificate be executed within traumatic event, CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician and it of Health and Mental Hygiene prior to I shows any Injury, or other trauma if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Chronic alcoholism AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State I Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1X XYES 2 □ NO ng Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending UNKNOWN ™ 1 YES 2 NO 7-22-93 BY 3 Seicide SUBJECT FELL DOWN STEPS After t 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4907 LITCHFIELD AVE. ETED DIRECTOR: A hours after d 99 8 Could not be 4 Homicide detarmined HOME 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL THE FUNERAL I filed within 72 h 2 🕅 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE PER PÉRSON WHO COMPLETIO CAUSE OF DEATH (ITEM 27) (Type, Print) 2 2 3 X 7-23-1993 O.C.M.E. 2 HEDDORE M. KING 111 Penn Street, Baltimore, Maryland 21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

31. DATE FILED (Month, Day, Year)

1993

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

1		-	S		TE		RAF
	1.	D	EC	ED	EN	T'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REG. NO.					
Γ	- [1. DECEDENT'S NAME (First, Middle, Last)	1 2-			A. Company		2. DATE OF DEATH		3. TIME OF DEATH			
	- 8	Samuel		er			Y		3 9	3. TIME OF DEATH			
				in yrs. last	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)			
			1 X) M 2 🕞 F	35	YRS.					alto. Md.			
	~	9a. FACILITY NAME (If not institution, give street	it and number)		9b	. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COUNTY	OF DEATH			
- 1	٥	Joseph Richie Hospice 820 N. Eutaw St. Baltimore											
	DIRECTOR	10a. STATE 10b. COUNTY				OWN OR LOCAT	TION			10d, INSIDE CITY			
	ä	Maryland					Baltimor	e		1 / YES 2 NO			
1	A	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?			
1	FUNERAL	4009 Oakford Ave.					21215			U.S.A.			
	2	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARM	ED)	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerlo Ricen, atc.)	or No- 14	. RACE — American Indian,			
	8	3 Midowed 4 Divorced	IF YES, GIVE WAR OR DA				2 NO Specify			Specify Black			
	- 4	15. DECEDENT'S EDUCAT	TION	18a. DEC	EDENT'S USI	JAL OCCUPATION	OM	16b. KIND OF BUS	INESS (IND) IS	Ymy			
		(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give	e kind of work Do NOT use re	done during mo tired.)	ost of working	TOOL KIND OF BUS	MICSS/MDUS	INT			
_,	릴				Tax A	ssier							
OUC	COMPLETED	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden					
dat	BE (Samuel Jefferson					Louise	Jefferson					
otifie	2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town		de)			
pe u	٦	Louise Jefferson				kford			21215				
Just		20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	il from Stata 20b.	PLACE AN etery, crem	HO DATE OF D	SPOSITION (NE	CEMETERV			or Town, State			
Jer n		Burlet 2 Cremation 3 Ramoval from State Cemetery, crematory of client Plant											
каш	ı	should be				1							
100	-	22 AADT I Enter the displace & con		1.45 - 4		Www.	C Das	m F/14		orthare			
nedi	ı	23. PART I. Enter the dispases, or con shock, or hasnt failure. Lis	it only one csuss on ea	the dsa ach ilne.	tn. Do not	enter ths mo	de of dying, suc	h as cardisc or respi	ratory arrest	Approximata interval Between			
the	- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) A guered Immune defrees Sundan Sunth											
ent,		resulting in death) a. Agreed Immediate deficeercy Syndima Swith											
lic e	z	(court 2/2)											
any injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially ilst conditions, if any, isading to immedists	DUE TO (OR AS A	CONSEQU	JENCE OF):			(- 9			
er tr	2	CAUSE (Disease or injury	DUE TO (OD 45 A										
to !		that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQU	JENCE OF):								
٦, ٥	CE	d											
= ;	- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? ANALIABLE PRIOR TO											
	DICAL							1 YES 2		COMPLETION OF CAUSE OF DEATH?			
shows	ME								/ •	1 YES 2 NO			
23 8	ž I												
or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		01	26. PL	ACE OF DEATH (Che	eck only one)					
ē 3	PHYS	1 VES 2 NO 1	28a, DATE OF INJURY	-	DOA 4 [tospi				
Tree :		1 Netural 5 Pending	(Month, Day, Year)		INJURY	WO	PRK?	28d. OEŞCRIBE NOW II	AJUHY BECUR	EO			
E i	ă I	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF INJURY	- At hom	e, farm, stree			28f. LOCATION (Street a	nd Number or i	Rural Route Number			
28		4 Homicide determined	building, atc. (Speci	ffy)				City or Town, State)		,			
IMPORTANT: If item 28 is marked,	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, deat	h occurred at	the time, data	and place, and due	to the cause(a) and man	Der as mated				
										ause(a) and manner as stated.			
RITA	Č L	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN			GNED (Monthy Day, Year)			
2 E	ון מ	Un Bein	JUN .					5740	> 7	124/93			
-	2 ∥	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM	27) (Type, Prin	(1)	a h			,			
		301 St Paul	Place	1	Salf	more	Mass	21202					
1	/	31. DATE FILED (Month, Day, Year)	732 REGISTRAT'S SIGNA	NA PERSON	M.								

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

White

Approximata Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

		1. DECEDENT'S NAME (First, Middle, Last)	Theodo	Le. R	Kiher			2. DATE OF DEATH MONTH 7	28 199.	AR 3. TIME OF DEATH	
	1	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
1100	3	219-07-5293	17. M 2 □ F	92 9	O YRS.	THE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 2 8 - T		oumn) Maruland	
should		9a. FACILITY NAME (If not institution, give st	treet and number)		9b.	CITY, TOW	OR LOCATION OF DE		9c. COUNTY		
1, 2, 3 s	TOR	103 Center Place	Apt.	317			Dunda	lk	Bat	Limore	
(E)	DIRECTOR	Maryland Baltimore 10c. CITY, TOWN OR LOCATION Dundalk									
nsit permit.	FUNERAL	100. STREET AND NUMBER 101. ZIP COOE 21222								of WHAT COUNTRY?	
4512	BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2X X Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT, FORCES? 1 P IF YES, GIVE WAI	EVER IN U.S. AR YES 2 1 R OR DATES	MED	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 XNO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yee or No- 14.	RACE — American Indian, Black, White, atc. Specify:	
100		16. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF RUSINESS/INDUSTRY									
212 al or atte for use a	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DE (G	CEDENT'S USU ive kind of work Do NOT use rel	IAL OCCUPA done during lired.)	TION most of working	166. KIND OF	BUSINESS/INDUST	RY	
the hospital of detached for once.		6th Grade	College (1-4 or 5+)		Main	tenan	70	(llo A	tonn Flo	ectric Corp	
AND he hospit detached once.		17. FATHER'S NAME (First, Middle, Last)		7	MUZIZ			ME (First, Middle, Maid		core comp.	
1 8 8 8 X	BE	Haward Kiker					Mary	Jane Stum	up qu		
	2	19e. INFORMANT'S NAME (Type/Print)		mber or Rural Route Number, City or Town, State, Zip Code)							
ay be re page 5		Mrs. Louise W.							21222		
ORE 6 may ector, pa	-1	20g. METHOO OF OISPOSITION 1 1 Burlel 2 Cremation 3 Remo	oval from State	cemetary, cre	matory or other p	plece)	7/	24/02	LOCATION - City		
	ŀ	4 Donation 5 Other (Specify) 21. SIGNATURE_OF FUNERAL SERVICE LIC	ENSEE	HOPE	y Hill		AND ADDRESS OF FA		liddle R	wer, MU	
ALTIN death. Pag tuneral dis		1-0-1		1	1				ne of Dur	idalk, Inc.	
		23. PART I. Enter the diseases, or o	Lach	ms	1	792	2 Wise Au	e. Dunc	talk. MD	21222	
P.O. BOX 68760, the certificate be executed within, mours after the certificate be executed within, mours after the certification of the certification of remove of other traumatic event, the medical	CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	Jong DUE TO (C	reene DR AS A CONSE Unios	COW QUENCE OF): LLUG QUENCE OF):	er é	extremi enerol	tis (t	ilate ne PVE	Interval Betwoen and D humain Grant	
RECORDS equires that the cen signed by the of Health and Me hows any Injur	N: MEDICAL	Mucopurulan	rebid, 1	nfar a	equiting in the	Le,	ing ceuse given in	PERI	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO	
F VITA SICIAN: The certificate ha the State D , or Item		EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	ome 5 -mesidence	-			
2 to 7 E		27. MANNER OF DEATH 1 Natural 6 Pending Investigation	26a. DATE OF III (Month, Day)		26b. TIME OF	28c.	NJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCCURE	D	
OR ATTENDING OR ATTENDING IDIRECTOR: After hours after death them 28 Is man	IEU BY	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At he	me, ferm, stree	t, tactory, of	fice	281. LOCATION (Stre City or Town, St	set and Number or R ete)	ural Route Number,	
DI TAL OR TA HOUR TA HOUR	COMPLET	onel	CIAN: To the best of m								
HOSPITAL FUNERAL WITHIN 72 MANT: If	3			minanon end/or	investigation, ir	my opinion	, death occured at the	time, date end placa	, and due to the ca	use(a) end manner ee state	
五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五		29b. SIGNATURE AND TITLE DERTIFIES	b. fo	wow	les	mi	29c LICENSE NUI	6175	≥ 7	28 93	
1		laul G. Ko	. 6 . / -	OF DEATH (ITE	M 27) (Type, Prir	40	s. D	undolk	Are	Balto Ma	
0		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	de m	2356	,			2/227	
				and the second	1	MAR				DHMH-16 R	

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F	TH	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 volum after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has find within 75 hours after health with the State fleet of Health and Mental Horiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no

	1 - STATE REGISTRAR	SINIE OF I	CE	RTIF	ICAT	E OF	DEAT	TH	NEN IV		NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)	0	Lyons.ck				2. DAT	E OF DEA	TH	ıv.	YEAR	3. TIME OF DEATH				
	Altre	d		17	4	or	15, 6	K	MON.	7	2	2	93	10 30 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDE			24 HRS.			E OF BIRTH nth, Day, Year)		8. BIRTH	IPLACE (State or Foreign		
	231-28-1708	1-√-M 2 □ F	6	4 YRS.	MONTHS	DAYS	HOURS		Jan					th Carolina		
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF OE	ATH			9c. COL	INTY OF D	EATH		
O.	Irvington Knolls 22 Athol Avenue Baltimore															
<u>ត</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION													10d. INSIDE CITY		
DIRECTOR				100										LIMITS? TXXYES 2 \(\square\) NO		
	Maryland 100. STREET AND NUMBER				Dall	imor	. ZIP COO	E				10g. CIT	IZEN OF V	WHAT COUNTRY?		
FUNERAL	313 Suter Road						212	20				USA				
Ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MEO	21228 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea							14. RACI	E — American Indien,			
E	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	X YES 2 N	Ю			ecify Cube			o Rican, el	lc.)		Spec	k, White, etc.		
BY	3 Widowed 4 Divorced		Conflic	t				,,,,,,						Black .		
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DE	CEDENT'S	work done	during mo	ON ost of worldi	ng	10	6b. KIND C	OF BU	SINESS/IN	DUSTRY			
回	Elementery/Secondery (0-12)	College (1-4 or 5	+) Iffe.	Do NOT u	ise retired.,)			- 1					_		
COMPLET	11th Grade	Mate	rial	s Ha	ndle						ckin	son Corp.				
8	17. FATHER'S NAME (First, Middle, Last)						300000			t, Middle, A		Sumame)				
BE	Alfred Lyons 19e. INFORMANT'S NAME (Type/Print)		140	- MAII INI	0 A00DE	OF (Chanal	and Numbe			lfie:		- Ctata 7	in Code)			
2	Ray Lyons					Roa				more,				21228		
	20e. METHOD OF DISPOSITION							TCTI				- Cify or To				
	1 XBuriel 2 Cremation 3 Ramo	oval from State	other pla	er place)								altimore, Maryland				
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Law	22	. NAME A	ND ADDRE	SS OF FAC	CILITY	M11++	or	Funo	ra1	Homes. Inc		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216															
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate															
	shock, or haart fallure.				not arite	ii tiid iiit	rua or uy	my, suci	11 03 00	ardiac or	Teap	matory a	reat,	Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition											Onset and Deeth				
	resulting in death)	a. DUE TO	OR AS A CONSE	DUENCE C) (C	ep	1) 01	0	1	3"1						
_	DUE TO OR AS A CONSEQUENCE OF):											13m				
0	Sequentially liet conditions, if any, leading to immediate															
₹	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury															
H	that initiated events resulting in death) LAST	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST	d														
	PART II. Other algorificant condition	a contributing to	death but not r	resuiting	In the t	ınderiyin	g cause	given in	Part I.			AUTOPSY	241	. WERE AUTOPSY FINOINGS		
DICAL		HTAI										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	7	1 1 1 1 1 1								1.0				OF DEATH?		
							_									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				,		LACE OF E	DEATH (Che	eck only	one)						
SIC	1 YES 2 DIV	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 R	esidence	6 🗆 OI	ther (Speci	lfy)					
Ť	27. MANNER OF CEATH	28a. DATE OF (Month, I		26b. TI	ME OF		JURY AT		28d. [DEŞCRIBE	HOW	INJURY O	CCURED			
ВУ	1 Afatural 5 Pending 2 Accident investigation	1,000 0000			М		YES 2 [NO								
8	3 Suicide 6 Could not be		OF INJURY — At ho , etc. (Specify)	me, farm,	street, fa	ctory, offi	ce			OCATION (er or Rural	Route Number,		
P	one)	CIAN: To the best of														
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of e	examination and/or	investigat	ion, in my	opinion,	death occu	red at the	time, d	late and pl	ace, a	nd due lo	the cause(e) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIED	Lonen	MAF	FM) 1/	1. D	29c. LIC	ENSE NUN	MBER			29d. D/	TE SIGNE	O (Month, Day, Year)		
TO B	MMaJun H.	Court of	74770	- 1 -	10	, v	1	1155	0	3			1/2	2393		
8	MATUM M	JACEM	501 D	0 L	7H"/	45	t3B	9 Ho	0,1	MD	2	121=	7-			
+	31. DATE THED (NZ"190"1993	Jana David	AR'S SIGNATURE	RR.												

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pod.	lled	٦. ٥٠	E
in 24	ely fi	ation	\$
d with	omplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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			OLITIII	OAIL OI	DEATH	HEG. NO		
8	1. DECEDENT'S NAME (First, Middle, Last) ARCL LE	berknie	abit			2. DATE OF DEATH MONTH	* 26 g	3. TIME OF DEATH 8:15 P M
	4. SOCIAL SECURITY NUMBER 578 179 14/	5. 5EX 1 M 2 F	8 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year)	/- Co	ATTNPLACE (State or Foreign unity) ndiana
OR	9a. FACILITY NAME (If not institution give s	COMO RUSIV	Hospula	96. CITY, TOWN	OR LECATION OF D	EATH .	9c. COUNTY OF	
15	RESIDENCE OF DECEDENT					Lilly		
DIRECTOR	10e. STATE 10b. COUNT	у	10c. CiTY	, TOWN OR LOCA	1 1 00000	inone City	у	10d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6637 Walther Ave	Ant D		10	21206		10g. CITIZEN O	F WHAT COUNTRY?
	11. MARITAL STATUS						V.	SIT
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [YES 2 NO	If yes, s	CENDENT OF NISPA pecify Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	Bi	ACE — American Indian, lack, White, etc.
0	15. DECEDENT'S EDU	ICATION	16e. DECEDENT'S	ISLIAL OCCUPAT	ION	Task white or our		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
181	(Specify only highest grade	completed)	(Give kind of w	rock done during m	ost of working	160. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 1 yr.	Re		Sr. Cle	rk Baltim	ore City	v •
N	12 YEARS 17. FATHER'S NAME (First, Middle Last)			oraco	T			,
					1 .	ME (First, Middle, Maiden	Surname)	
H	Jesse Macbeth				Agnes			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Mr. Richard Leber	knight	3527 E	. North	ern Park	way Baltim	ore, Md	. 21206
	20a. METNOD OF DISPOSITION X ☑ Burlal 2 ☐ Cremetion 3 ☐ Ram	oval from State	20b. PLACE AND DATE Cometery, cremetory or ot		ame of	DATE 20c. LO	CATION - City or	Town, State
	4 Donation 5 Dther (Specify)		Parkwood C	emetery	7-	29-93 Bal	timore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LI		Contract of the second		ND ADDRESS OF FA	CILITY		
- 3	Jossahn Les	eseral &	8mE		hn Funer			01000
	23. PART I. Enter the diseeses, or	complications that ca	used the deeth. Do n	of enter the m	Belair F	d. Baltimo	re, Ma.	
	anock, or neart feliure.	List only one ceuse	on each line.	or ontor the th	odo or dynig, add	in as coldiec or lesp	ratory arrest,	Approximate interval Batween
	iMMEDIATE CAUSE (Finel disease or condition	0011	to Can	1 . 1	11000	1. 1.		Onset and Death
	resulting in death)	100			Vasa	Ulan AC	agent	S Clays
		DUE TO (OR	AS A CONSEQUENCE OF):				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	bDUE TO (OR	AS A CONSEQUENCE OF);				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	AS A CONSEQUENCE OF					
RTIF	that initiated events resulting in deeth) LAST	d.	AS A CONSEQUENCE OF):				
	PART II. Other significant condition							
EDICAL	Phone I de se	Contributing to dec			1 - 1	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ	- TUCVIVOUC	I CVIT U	un sel	JUNE O	MUNICA	1 🗀 YES 2	. □ NO	COMPLETION OF CAUSE OF DEATH?
N N				/				1 TES 2 NO
PHYSICIAN:								
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	eck only one)		
ΥS	1 VES 2 NO	1 (Vinpatiant 2 - ER	Outpatient 3 DOA		ne 5 🗆 Residence	6 Cher (Specify)		
표	27, MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Y			JURY AT ORK?	28d. DESCRIBE NOW I	NJURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
8	3 Suicide 8 Could not be determined	26a. PLACE OF IN. building, etc.	JURY — At home, farm, s (Specify)	treet, factory, offic	be	26f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
Ē	290. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the best of			-			
COMPL			knowledge, death occurre nation and/or investigation					e(s) and manner as stated.
	29b. SIGNATURE AND TIPRE OF CERTIFIE				_			
BE	CRUSA	tuns)	M.D.		29c. LICENSE NUI	#DEN	≥ 7/	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)			1/2	0/00
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					
	JUL 2 9 1993	generavido	n-Abrodulle					1



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR					ICATE O			REG. NO			
1. DECEDENT'S NAME (Firs								E OF DEATH		MEAR	3. TIME OF DEATH
JOHN WO	ODROW	L	OGUE				MONE)"7	AY 28	93	8:30 A
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA		7. DATE	E OF BIRTH		Count	HPLACE (State or Foreign try)
219-84-253	<u> </u>	1 🛭 M 2 🗆 F	32	YRS.				nth, Day, Year) 0-11-60			ÿland
ST. JOSEI	рн но				TOWS	ON OR LOCATION OF DI	EATH			LTII	MORE
10a. STATE	10b. COUNT				Y, TOWN OR LO	CATION			777		10d. INSIDE CITY LIMITS?
Maryland		imore		Pi	arkton						1 TYES 2 NO
4 Edelw		ay				21120				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 2 3 Dividewed 4 Div	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes,	DECENDENT OF HISPAI specify Cuben, Maxica (ES 22 NO Specifi	in, Puarto	IN? (Specify Yes Rican, etc.)	or No—		E — American Indian, ck, White, etc.
15. DE (Specify or	CEDENT'S EDU	ICATION completed)	16a.	DECEDENT'S	USUAL OCCUP	ATION most of working	16	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+) P	reside	work done during se retired.) ent	most or working		Sagamo	re Pi	lumb	ing & Heati
17. FATHER'S NAME (First, I		Logue				18. MOTHER'S NA Patric	ME (First,	Middle, Maiden	Surname)	_	2
19a. INFORMANT'S NAME (Patricia M		ughlin				et and Number or Rural Way Park				Code)	
20a METHOD OF DISPOSIT	lon 3 🗆 Rem	noval from Stata	cemetery.	crematory or o	of DISPOSITION of Fait		DAT	7E 20c. LO 31 Oye	CATION -	-	
		DELLER .	1 041	. aciis c				2TI OAG	TTEG	, LICI	•
23. PART I. Enter the cahock, or I	diseases, or	complications the	at caused the	death. Do i	Ruc 105	k Towson Vork Rd mode of dying, suc	Fune . To	wson,	Md.	2120	Approximate
23. PART i. Enter the	diseases, or haart failure.	complications the List only one cau	st caused the use on each i	Ina.	Ruc 105	k Towson : 0 York Rd	Fune . To	wson,	Md.	2120	Approximate interval Between
23. PART I. Enter the shock, or I	diseases, or neart failure.	Complications the List only one cause. DUE TO DUE TO C.	hest	SEQUENCE O	Ruc 105 not anter the	k Towson : 0 York Rd	Fune . To	wson,	Md.	2120	Approximate interval Batwee
23. PART i. Enter the abook, or i immediate CAUSE (Fi disease or condition resulting in death) Sequentielly list condition, leeding to immediate, leeding to immediate. Enter UNDERLY CAUSE (Disease or injoint that initiated events	diseases, or neart failure.	complications the List only one cau s. DUE TO c. DUE TO	OR AS A CON	ISEQUENCE O	Ruc 105 not anter the Grieo P:	k Towson 1 0 York Rd mode of dying, suc	Fune . To	wson,	Md. Ziratory sr	2120 rest,	Approximate interval Betwee Onset and Dear
23. PART I. Enter the shock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAS	diseases, or heart failure.	complications the List only one cau s. DUE TO c. DUE TO	OR AS A CON	ISEQUENCE O	Ruc 105 not anter the Corico Fi: Fi: In the underly	k Towson 1 0 York Rd mode of dying, suc	Fune To h ss cer	24a, WAS AN PERFOR	Md. Ziratory sr	2120 rest,	Approximate interval Batwee Onset and Deat on Deat on Deat on Deat on Deat on Deat on Deat on Death of Death?
23. PART I. Enter the shock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition from the sequential of the seque	diseases, or heart failure.	Complications the List only one cause. B. DUE TO C. DUE TO d. DUE TO DUE T	OP AS A CON OP AS A CON OP AS A CON OP AS A CON OP AS A CON OP AS A CON OP AS A CON	ISEQUENCE O	Ruc 105 not anter the Corico F): F): Corico Corico F): Corico Corico Corico F): Corico C	k Towson O York Rd mode of dying, such ring cause given in PLACE OF DEATH (Children 5 Residence	Part I.	24a. WAS AN PERFOR	Md. Ziratory sr	2120 rest,	Approximate interval Batwee Onset and Deat on Deat on Deat on Deat on Deat on Deat on Deat on Death of Death?
23. PART i. Enter the canock, or in shock, or in shock, or in the canock of inspect of the canock of	diseases, or heart failure. Insi tions, ediate (/ING ury ST CONCINCIAL TO MEDICAL	DUE TO DUE TO	OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON	ISEQUENCE O	Ruc 105 not anter the Corico F): F): Corico F): Co	k Towson O York Rd mode of dying, such ring cause given in PLACE OF DEATH (Ch.	Part I.	24a, WAS AN PERFOR	Md. 2 Iratory sr AUTOPSY RMED? ≥ □ NO	2120 reat,	Approximate interval Batwee Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within how how a fler death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year)
JUL 2 9 1993

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Edvilo milione in Eddill & San

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEA	3. TIME OF DEATH
SHIRLEY MARI	E LO	DHOLZ			07 27	1993	8:20 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
138-24-9786	1 □ M 2 😾 F	60 YRS.	MONTHS DAYS	HOURS MIN.	08 06 19		NEW JERSEY
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY C	
804 SCOTT CIRCLE		i	GLEN 1	BURNIE		ANN	NE ARUNDEL
RESIDENCE OF DECEDENT						MINI	E AKUNDEL
10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	ARUNDEL	GI	LEN BURN	IE			1 TYES 2 X NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
804 SCOTT CIRCLE				21060		U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian,
1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexica 2 [7] NO Specifi	n, Puerto Rican, etc.)		Black, White, etc.
3 Widowed 4 Divorced				K			WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON st of working	16b, KIND OF BUS	SINESS/INDUSTR	TY .
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us	e retired.)		LaFONTA	NE BLE	U SERVICE
12	NONE	ACCOUNT	S PAYABL	E	L.F.B.	ENTERP	RISES
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		
CHARLES EM	ENECKER			MARIE	RODMAN		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code))
WARREN R. LODHO:	LZ	804 8	COTT CI	RCLE GI	LEN BURNIE	MD 2	1060
20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE O	OF DISPOSITION (Na			CATION — City of	
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		metery, crematory or of METRO CRE	ther place)	INC	7-27 BA	LTIMORE	MD
21. SIGNATURE OF FUNERAL SERVICE LI		2 0		ID ADDRESS OF FA		LITTORE	MU
> famil	3 Su	leek			ERAL HOME	RUDNTE	, MD 21061
23. PART I. Enter the diseases, or	complications that cause	ed the death. Do n	ot anter the mo	de of dving, auc	h as cardiac or mani	DUKNIE	Approximate
snock, or heart failure.	List only one cause on	aach lina.		, , , , , , , , , , , , , , , , , , , ,		atory unroot,	interval Between
IMMEDIATE CAUSE (Final disease or condition	1.		(100			77	Onset and Daeth
resulting in death)	a	A CONSEQUENCE OF	Cac	((49	melo	15/0/1	C
		-0					
Sequentially list conditions,		3 on 6					
if any, leading to immediata	DUE TO (OR AS	A CONSEQUENCE OF	7):				
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	с						
if any, leading to immediata cause. Enter UNDERLYING	с	A CONSEQUENCE OF					
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с						
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF	ŋ:) cause given in			24b. WERE AUTOPSY FINDINGS
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF	ŋ:	j cause given in	PERFOR	MED?	AVAILABLE PRIOR TO
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF	ŋ:	j cause given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS d ns contributing to death	A CONSEQUENCE OF	n the underlying 26. PL OTHER: 4 □ Numing Home	ACE OF DEATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS d	but not reaulting i	28. PL OTHER: 4 Nursing Home URY WO 1 Y	ACE OF DEATH (Chi	PERFOR 1 YES 2 pick only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	c. DUE TO (OR AS d	but not resulting I tipetient 3 DOA 26b. TIMI	28. PL OTHER: 4 Nursing Home URY WO 1 Y	ACE OF DEATH (Chi	PERFOR 1 YES 2	NURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting I tention 3 DOA 26b. TIMI INJ Y — Al home, farm, a	26. PL OTHER: 4 Nursing Home E OF 28c. INJI URY WO M 1 WO Therest, fectory, office	ACE OF DEATH (Chi	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting I spetient 3 DOA 26b. TIMI INJ Y — Al home, farm, a	28. PL OTHER: 4 Nursing Home E OF	ACE OF DEATH (Chi	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 28. LOCATION (Street a City or Town, State) 1 City or Town, State)	NJURY OCCURED Ind Number or Ru Iner es stated. Indiduction the cau	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Note:
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting I spatient 3 DOA 26b. TIMI INJ Y— Al home, farm, a wledge, death occurre on end/or investigation	26. PL OTHER: 4 Nursing Home E OF URY WOO I Y treet, fectory, office	ACE OF DEATH (Chi	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(s) and mentime, data and place, en	NJURY OCCURED Ind Number or Ru Iner es stated. Indiduction the cau	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Note:
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not reaulting I patient 3 DOA 26b. TIMI INJ Y— Al home, farm, a wiedge, death occurre on end/or investigation	26. PL OTHER: 4 Nursing Home E OF URY WO 1 Y treet, fectory, office d at the time, data n, in my opinion, de	ACE OF DEATH (Chi	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(s) and mentime, data and place, en	NJURY OCCURET	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Note:

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 22120

1. DECEDENT'S NAME (First, Middle, Last)		CENTI	FICATE	UF	DEALH	REG	. NO.		
						2. DATE OF DEA	TH	YEAR	3. TIME OF DEATH
LEONARD	A.	I	OGAN	JR		1,110,100		993	1:10 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday) IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H.	6. BIRT	HPLACE (State or Foreign
216-42-3712	1√1 M 2 □ F	47 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Y	45	Coun	wland
9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY,	TOWN O	R LOCATION OF D			OUNTY OF	
UNION MEMORIAL	HOSPITA	C	BAL	rim	ORE CI'	ry.			
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNTY	1		ITY, TOWN OF						10d. INSIDE CITY LIMITS?
Maryland		B	altim	ore				72.0	XI X YES 2 □ NO
10a. STREET AND NUMBER				100	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
2828 The Alame	eda			2	21218		US	SA	1001
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV	ER IN U.S. ARMED				NIC ORIGIN? (Specim, Puerto Rican, e		- 14. RAC	E — American Indian, k, Whita, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR				2 NO Speci		,		w.Black
		I and a second							
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT	'S USUAL OCI f work done du use retired.)	CUPATIO	N t of working	166. KIND (OF BUSINESS	INDUSTRY	
10th grade	College (1-4 or 5+)								
17. FATHER'S NAME (First, Middle, Last)		Pa.	inter						
	~~~ Cw					ME (First, Middle, A		e)	
Leonard A. Loc	gan, Sr.						erry		01010
						Route Number, City			21218
Arnetta McKoy			The			Baltim			
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rame	oval from State	20b. PLACE AND DATA cemetery, crematory or		TION (Nai	ne of	7/31/D	Oc. LOCATION	— City or T	own, Stata
4 Donation 5 Other (Specify)	//	Mt. Cal			etery	1/31/B	rook 1	yn,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEIL	(A)	22. N	IAME AN	D ADDRESS OF FA	CILITY	170	1 Mc	Culloh S
> Desay	Harn	2	Ch	2 + m	an Har	ric F/			re,Md212
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	AS A CONSEQUENCE							
Todaling in double provide	d								
PART II. Other significant condition	s contributing to dea	th but not resulting	in the und	deriying	cause given in	P	AS AN AUTOPERFORMED?		MERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
				26 PI	ACE OF DEATH (C)	nock only one)			
25. WAS CASE REFERRED TO MEDICAL			OTHER	:			7		
EXAMINER?	HOSPITAL:	Output a Clare			S   Beeldence	6 Other (Specia	y)		
EXAMINER?	1 Inpatiant 2 ER/		_	_			HOW IN HIE	OCCUPED	
EXAMINER?	1 Inpatient 2 ER/ 28a. DATE OF INJL (Month, Day, Ve	PRY 28b. T	_	28c. INJU	IRY AT	28d, DESCRIBE	HOW INJURY	OCCURED	
EXAMINER?  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 SER	PRY 286. Ti	IME OF NJURY M	28c. INJU WOI 1   Y	IRY AT RK? ES 2 NO	28d, DESCRIBE			
EXAMINER?  Y YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpatient 2 SER	RY 28b. Ti	IME OF NJURY M	28c. INJU WOI 1   Y	IRY AT RK? ES 2 NO		Street and Nun		Route Number,
EXAMINER? YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	1 Inpatiant 2 S ERU 28a. DATE OF INJ. (Month, Day, Ye 28a. PLACE OF IN. building, etc.  CIAN: To the best of my I	IRY 286. Ti	IME OF NJURY M I, street, facto	26c. INJUNION NO. 1 YEAR YOUR TO YOUR YOUR YOUR YOUR YOUR YOU YOU YOU YOU YOU YOU YOU YOU YOU YOU	IRY AT RK? ES 2 NO	28d, DESCRIBE  28f. LOCATION ( City or Town,	Street and Nun State)	nber or Rural	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retaine	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	month is look and ocan with the case dept. Or ready and injury, or other traumatic event, the medical examiner must be notified.
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d with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundamental produces after death with the Charles of Adalth and Marrel Lington a physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in by the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in the fundamental physician and completely filled in th	even
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1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR Edgar Charles Matthews 07 1993 334 4. SOCIAL SECURITY NUMBER B. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 JM 2 F 217-26-4817 64 March 30 929 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2034 McCulloh Street Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 - NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2034 McCulloh Street 21217 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—

14 use: snacify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married ВҰ IF YES, GIVE WAR OR DATES Spacifiv-3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) College unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Edgar Scott Matthews BE Marie Young 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth Young 311 Columbus Road Glen Burnie, Maryland 21061 20s. METNOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Zion <u>Cemetery</u> 7/28 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 terbert 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Atheroschrotec resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 3 NO OF DEATH? 1 TYES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatiant 2 ER/Outpatiant 3 DOA te 5X Residence 8 □ Other (Specify) 4 Nur 27, MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) TO THE HOSPITAL UN AN LAND TO THE FUNERAL DIRECTOR: Affi be filed within 72 hours after de IMPORTANT: If Item 28 is ETED 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide COMPL 2 💢 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Chrite up 2 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dennis Chute MD 111 Penn Street, Baltimore. Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 29 1993

wha Davidson-Randell

ONCE. T notified pe must examiner medical the event. traumatic

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 though be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (FIRST, MIDDIN, Last) MICHAEL		ER 2	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	219-84-0317 1 M 2 DF		UNDER 1 YEAR IF UNDER 24 HRS. HTHB DAYS HOURS MHI.	7. DATE OF BIRTY (Month, Pay, Year)	8. BIRTHPLACE (State or Foreign Country)  MARY / AND
TOR	9a. FACILITY NAME (If not institution, give street and number)  St. Joseph Hospital  RESIDENCE OF DECEDENT	96.	CITY, TOWN OR LOCATION OF D	EATN 9c. Co	Balto.Co.
DIRECTOR	Md. Harford	10c. CITY, TO	DWN OR LOCATION Bel	Air	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2209 Byrnes Ct.	Apt. L	101, ZIP CODE 21	014	USA
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY	2 X NO	13. WAS DECENDENT OF NISPA II yes, specify Cuban, Mexic 1 YES 2 YNO Specif	NIC ORIGIN? (Specify Yea or No— in, Puerto Rican, etc.) y:	- 14. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 VIS . 4 VIS .	16a. DECEDENT'S USU (Give kind of work life. Do NOT use reti	done during most of working tired.)	16b. KIND OF BUSINESS/	ph Hospital
BE CON	17. FATHER'S NAME (First, Middle, Last)  John J. Maerz S			ME (First, Middle, Maiden Surname	
101	19e. INFORMANT'S NAME (Type/Print) Cheryl Maerz	196. MAILING ADD	press (Street and Number or Rural Bordeaux Ct.	Route Number, City or Town, State, Fallston, M	
	4 Donation 5 Other (Specify)	PLACE AND DATE OF DE	Mce Gardens 7-		- City or Town, Slate Air, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  6. J. Lasahn		22. NAME AND ADDRESS OF FA	Rd.Kingsville	ahn Funeral Home e, Md. 21087
	23. PART I. Enter the diseases, or complications that ceused shock, or heert fellure. List only one ceuse on ee	the desth. Do not e			arrest, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PACHNOID	HEMORKH	AGE	intervei Between Onset and Death
NOI	Sequentially list conditions,	CONSEQUENCE OF):			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A 6)	CONSEQUENCE OF):			
CERT	resulting in death) LAST				
MEDICAL	PART II. Other algnificent conditions contributing to death but	at not resulting in th	ne underlying ceuse given in	Part I. 24a. WAS AN AUTOPS PERFORMED?  1 ☐ YES 2 ☑ NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE
					OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO		26. PLACE OF DEATH (C)  HER:  Nursing Home 5  Residence		
	27. MANNER OF DEATH  1 Netural 5 Pending  28s. DATE OF INJURY (Month, Dey. Year)	29b. TIME OF INJURY		28d. DESCRIBE NOW INJURY (	DCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, stc. (Specif	— Al home, larm, street		281. LOCATION (Street and Numi City or Town, State)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	STAFF	mo P302	MBER 29d. D.	ATE SIGNED (Month, Day, Year)
	29b. SIGNATURE AND TITLE OF CERTIFIER	STAFF  ITN (ITEM 27) (Type, Print  TACED1	mp 20c. LICENSE NU D 302	263 29d. D	ATE SIGNED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	TURE	mo 0302	263 29d. D	

! -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIMIC OF I	CE		ICATE				MENIAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	'H DAY		YEAR	3. TIME OF DEATN
	John Robert	M	ACCLURE	-					Jul		6.1	993	7:48 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTI	1			LACE (State or Foreign
	215-22-5560	1 🕅 M 2 🗌 F	66	YRS.				2574	12-23-		6	Mary	
~	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY,	TOWN 0	R LOCATIO	ON OF DE	ATN		9c. COUP	ITY OF DE	ATN
5	<u>Franklin Sqaure Ho</u>	spital			R	oss	ville	9			Ba	ltim	ore
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY
DIRECTOR	Maryland Bal	ltimore			_		/ille						LIMITS?
	10e. STREET AND NUMBER	CTHOLE					ZIP CODE			13	10a. CITI		AT COUNTRY?
ER/	3316 Parktowne Rd.						21	234			-	ISA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13. V	WAS DEC	ENDENT O	F NISPAN	IC ORIGIN? (Specif	y Yes or			- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		10			2XXNO		, Puerto Rican, ato	-)	500	Specify	:
			WW 11									1	White
	15. DECEDENT'S EDUC (Specify only highest grade		(GI	CEDENT'S ive kind of Do NOT u	USUAL OC	CUPATIO	N st of workin	g	16b. KIND O	BUSIN	IESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 e	r) [		Accou	ntar	n+		Amor	icai	n Ro	nk S	tationary
COMPLETED	12 years 17. FATHER'S NAME (First, Middle, Last)			030 /	10000	IIICai		(FB)6 (144	WE (First, Middle, Mi		_	IIK 3	cacionary
E C	Malcomb Joseph Tys	on MacCl	ure						sabelle		.,		
00	19a, INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS	(Street n			loute Number, City o			Code)	
2	Mrs. Peggy A. Mac(	Clure							Ltimore,				
	20a. METHOD OF DISPOSITION X & Burlet 2 Cremation 3 Rame		20b. PLACE	NDDATE	OF DISPOSI							City or Tow	n, Stata
	4 Donation 5 Other (Specify)	oval from State	Parkwo	metory or o	ther place) Cemet	erv		7-29	9+93 Ba	ltir	more	Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	IAME AN	D ADDRES	S OF FAC	HLITY			, ,,,,,,	,
	Jassels Fun	ural It	em E						al Home 1. Balti		~ M	<b>ا</b> ا	1006
	23. PART I. Enter the diseases, or o	omplications tha	t caused tha da	ath. Do i	not antar	tha mo	da of dyi	ng, auch	as cardiac or I	eapirat	tory arm	oat,	Approximata
	shock, or haart fallure. I	Liat Only one cau	ise on each line.										Interval Between Onset and Death
	disease or condition	Myocar	dial Is	nfar	ctio	า:า							
		DUE TO	(OR AS A CONSEC	OUENCE O	F):								
ON	Sequentially list conditions,	Arteri	osclero	otic	Car	dic	ovas	cul	ar Dise	as	e		
ATI	if any, leading to immediata cause. Entar UNDERLYING	000 10	(OR AS A CONSEC	OENCE O	r):								
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other significant condition	s contributing to	death but not re	eaulting	in the un	do els do o		diam in I	Part i. 24a, WA			1	
BY PHYSICIAN: MEDICAL	<u> </u>	p contributing to	usath but not re	aoutting	in the unc	aariyirig	cause g	iven in i	PEI	REORME	ED?	1 7	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
								_	— X Y	S 2 [	NO		OF DEATH?
Σ					-							1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DE	ATH /Cho	ck only one)				
Sic	EXAMINER? 1 YES 2\( \bullet \) NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Number	:			6 Other (Specify)				
ξ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	- I	28d. DESCRIBE H		URY OCC	URED	
×	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ау, төвг)	INJ	M	1 🔲 Y	RK7 ES 2	NO					
	3 Suicide 6 Could not be	28s. PLACE Of building,	F INJURY — At horetc. (Specify)	me, farm,	street, facto	ry, office			281. LOCATION (SI City or Town, S	reet and	Number	or Rumal Ro	ute Number,
COMPLETED	4 Nomicide detarmined		7.77							, alo,			
P	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	eth occurr	ed at the tin	ne, data	and place,	and dua t	to the cause(a) and	manne	r as state	ıd.	
S S	one) 2 MEDICAL EXAMINE	R: On the basis of an	camination and/or is	nveatigatio	n, in my op	Anlon, de	ath occur	ed at the t	ime, data and plac	a, and d	dua to the	cause(a)	and menner as stated.
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE	NSE NUM	BER	2	9d. DATE	SIGNED (	Month, Day, Year)
TO B						[					> /	1	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	4 27) (Type,		5	11	-	15 11	1	. 17		
	31. DATE FILED (Month, Day, Year)	1756	MU			10	mkli	1	105	110	1		
	JUL 2 9 1993	Tura Davido	R'S SIGNATURE	L					1				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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DHMH-18 Rev 1/89

FOR

STATE

ITEMS: 23 PART I., 27-, 28b, d, e, f, PER MEO G-701 93

7/30/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 07 1993 Hal Maass 12 0708 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 1 XM 2 - F 67 230-50-5919 125 Sept. East Prussia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1, 2, 3 601 Sligo Avenue Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY Pages 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 X NO Maryland Silver Spring Montgomery permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 601 Sligo Avenue use as the burial-transit 20910 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

16a. DECEDENT'S USUAL OCCUPATION

16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Salesman detached Montgomery Ward 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the funeral director, page 5 should be 70 Bernard Maas Unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Peter Krusen 10804 Inwood Avenue, Silver Spring, Md. 20902 Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Donation 5 Other (Specify) must Baltimore Washington Crem. 7/16 Laurel, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. examiner ours after death. alall 7601 Sandy Spring Rd., Laurel, Md. 20707 medicai 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory strest, shock, or heart failure. List only one easier on each line. and completely filled in by to burial, cremation, or remo Interval Between Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition resulting in death) HANGING event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be attending physician intal Hygiene prior to CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten any Injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 - NO shows : 1 YES 2 NO has been Dept. of I PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The certificate h **EXAMINER?** HOSPITAL: OTHER: ATTENDING PHYSICIAN: 1 XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 🗆 N ng Home 5 💢 Residence 8 🗆 Other (Specify) 6 the 27. MANNER OF DEATH FOUNCA 0700A 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked FOUND WOR FOUND WOR TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO 1 Netural 1 YES 2 NO BY Subject <del>hanged</del> self After death 2 Accident Investigation 28f. LOCATION (Street and Number or Aural Route Number, City or Town, State) Silver Spring, MD 3 Sulcide after de 8 Could not be determined COMPLETED DIRECTOR: A 4 Homicide home 601 Sligo Avenue FUNERAL DIRECT within 72 hours of TANT: If item 2 OR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno ledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 07 12 1993 O.C.M.E 2 IS. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (750H. Print) Mario Golle MD. 111 Penn Street, Baltimore,

32. REGISTRAR'S SIGNATURE

Swidson Andere

31. DATE FILED (Month, Day, Year) JUL 2 9 1993

BOX 68760. DIVISION OF VITAL RECORDS, P.O.

DHMH-18 Rev 1/89

21201

Maryland

Talen Phillips

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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020

# FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S. SHRTHPLACE (State or Foreign Country)  S. BIRTHPLACE (State or Foreign Maryland  COUNTY OF DEATH  Prince George S  10d. INSIDE CITY LIMITS? 1 Ves 2 No  G. CITIZEN OF WHAT COUNTRY?  U.S.A.  10— 14. RACE — American Indian, Black, White, aic. Specify: White  SS/INDUSTRY  Ker  arme)  Hill  are, Zip Code)  Caryland 21122  ON — City or Town, State  imore, Maryland  Come P.A.
8:45 p  8. BIRTHPLACE (State or Foreign Country)  Maryland  COUNTY OF DEATH  Prince George 's  10d. INSIDE CITY LIMITS? 1
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Prince George s    10d. INSIDE CITY LIMITS?   1
J. LIMITS?  1 YES 2 NO  9. CITIZEN OF WHAT COUNTRY?  U.S.A.  10- 14. RACE - American Indian, Black, White, atc.  Specify: White  SS/INDUSTRY  Ker  ame) Hill  and, Zip Code)  Jaryland 21122  ON - City or Town, State  imore, Maryland  Come P.A.
U.S.A.  14. RACE — American Indian, Black, White, atc. Specify: White  SS/INDUSTRY  Ker  ame) Hill  ate, Zip Code)  Saryland 21122  ON — City or Town, State  imore, Maryland  Come P.A.
Black, White, atc. Specify: White  BS/INDUSTRY  Ker  ame) Hill  ate, Zip Code)  iaryland 21122  ON — City or Town, State  imore, Maryland  Come P.A.
SS/INDUSTRY  Ker  ame)  Hill  and, Zip Code)  Garyland 21122  ON — City or Town, State  imore, Maryland  Come P.A.
ame) Hill are, Zip Code)  Maryland 21122 ON - City or Town, State  imore, Maryland Ome P.A.
Hill  ste, Zip Code)  Saryland 21122  ON - City or Town, State  imore, Maryland  Ome P.A.
inte, Zip Code)  iaryland 21122  ON — City or Town, State  imore, Maryland  Ome P.A.
imore, Maryland one P.A.
imore, Maryland  ome P.A.
ome P.A.
ore, Md. 21225
Onset and De
OPSY 24b. WERE AUTOPSY FINDN 197 AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO
RY OCCURED
Number or Rural Route Number,
as stated. se to the ceuse(s) and manner as states
d. DATE SIGNED (Month, Day, Year)
O I

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an increase after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trumpt be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-18 Rev 1/89

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C	ERTIF	ICATE (	OF DEATH		REG. NO.			
1. DECEDENT'S NAME	E (First, Middle, Last,	,	- 0				2. DATE	OF DEATH	47	YEAR	3. TIME OF DEATH
HELEN		Lois	MCCRO	SSON			JUL			93	03:50A
4. SOCIAL SECURITY 217-26-		5, SEX	8. AGE (In yrs. Is	est birthday) YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS.	(Month	OF BIRTH , Day, Year) . 21,	1910	Count	HPLACE (State or Foreign
9a. FACILITY NAME (#	not institution, give	21	3.34	r	96. CITY, TO	WN OR LOCATION OF		. 21,	9c. COU	ltim	DEATH
RESIDENCE OF	10b. COUN				TY, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland		timore		10	wson						1 YES 2 L NO
10e. STREET AND NU	MBER					10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
	Chestnut	Avenue				21204				S.A.	
11. MARITAL STATUS  1 Never Married  3 Wildowed 4	1000011		TEVER IN U.S. A YES 2 X MAR OR DATES		If yo	DECENDENT OF HISP s, specify Cuban, Mexi- YES 2 K NO Speci	can, Puarto F		a or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. iiiy: White
	s. DECEDENT'S EO		16a, D	ECEOENT'S	USUAL OCCU	PATION	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Second		College (1-4 or 5	- 10	le. Do NOT u	work done during the retired.)	ig most of working					
12 yrs	1			Nurse	9			Nursin	ng		
17. FATHER'S NAME (F	First, Middle, Last)					18. MOTHER'S N	NAME (First, A	Viddle, Maiden	Sumame)		
George	L.	Fowler				Adela	ide	Ма	chey	,	
19a. INFORMANT'S NA	AME (Type/Print)		1	9b. MAILIN	G ADDRESS (St	reet and Number or Rura	il Route Numb	ber, City or Tow	n, State, Zi	p Code)	
Pickersgi	11			615 C	hestnu	t Ave.	Towso	n, Mar	ylan	d 21	204
20a. METHOD OF DIS 1 🏋 Burial 2 □ Cre			20b. PLACE	ANDDATE	OF DISPOSITIO		DATI		CATION -		
4 Donation 5 D	Other (Specify)	mover from State	cemetery, co	aine	Park C	emetery 7	/29/9.	3 Woo	dlaw	m, M	aryland
21. SIGNATURE OF FU	INERAL SERVICE	JCENSEE /	0	1	22. NAN	ME AND ADDRESS OF I	FACILITY			1	050 York Ro
23. PART I. Enter ahock, iMMEDIATE CAUS disease or conditi resulting in death	E (Final	Can	dias.	01	rest	mode of dying, su	ich as card	fiec or reapl	iratory ar	rest,	Approximate interval Betwee Onset and Deat Munut
Sequentially list of any, leading to cause. Enter UND	immediata	a An	OR AS A CONSI	EOUENCE C	Y PO+	lensin					Hours 12 hours
CAUSE (Disease of that initiated even resulting in death)	or injury		(OR AS A CONSI	EOUENCE C	OF):	eration					10 days
SIPC	VA, H	PT, T	onga	ole	enter	tying cause given i	in Part i.	24a. WAS AN PERFOR 1 YES 2	AMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			-		11						
25. WAS CASE REFER EXAMINER?	/	HOSPITAL:			OTHER:	28. PLACE DF DEATH (	Check only on	10)			
1 YES 2 27. MANNER OF DEAT			ER/Outpatient			Home 5 Residence	1				
1 Netural 2 Accident	5 Pending Investigation		Day, Year)		JURY M 1	MORK?		SCRIBE HOW I			
3 Suicide 4 Homicide	6 Could not be determined	building	OF INJURY — At h , etc. (Specify)	.ome, mility	onest, rectory,			ATION (Street i or Town, State)		e or mural	rivale Number,
29a. CERTIFIER (Check only one) 2						data and place, and do on, death occured at ti					a) and manner as stated.
260. SIGNATURE AND	- HM	hony	Pele	y		DOS	205		29d. DA	TE SIGNE	7/93
30. NAME AND ADDRI	BM	C	AR'S SIGNATURE	<b>27)</b> (1)p	e, Print)						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permodel within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89

	many permit, Pages 1, 2, 3 should	
O Die	3.00	April 1
death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending no	<ul> <li>attending physician and completely filled in by the funeral director, page 5 should be detached for use ental Hygiene prior to burial, cremation, or removal.</li> </ul>	
ained by the ho	should be detact	or other trainmatic event the medical available must be settled at account
ge 6 may be ref	irector, page 5 :	must be no
after death. Pa	by the funeral d moval.	lesi avamina
rithin 24 hours	emation, or re	on the mad
be executed w	cian and comp lor to burial, co	and altomica
eath certificate	strending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removal	v or other to
9	6 9	8

BALTIMORE, MARYLAND 21215, 8020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Oept. Of Health and Mental Hygiene prior to burial, crematic IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE!	AF	22128
1. DECEDENT'S NAME (First, Middle, James	McKessor	1		2. DATE OF DEATH MONTH 7 - 27 - 9	3 Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 18-10-2048	5. SEX 6. AGE 7 .	(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign Country)  N.C.
90. FACILITY NAME (If not institution, Summitt N.H.	Catonsville	9b.	CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY Ba	OF DEATH
10e. STATE 10b. CO		10c. CITY, TO	WN OR LOCATION 1 to			10d. INSIDE CITY LIMITS? XX YES 2 NO
100. STREET AND NUMBER 3641 Dolfie	eld Ave		101. ZIP CODE 21215		10g. CITIZEN	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1/2 YES	IN U.S. ARMED 2 NO DATES	13. WAS DECENOENT OF HISP. If yes, specifyCuben, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	es or No — 14.	RACE — American Indien, Black, White, etc. Specify AMERICAN INDIA
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Las General Mck			18. MOTHER'S N	AME (First, Middle, Malde)	yson	
190. INFORMANT'S NAME (Type/Print) Mary B. Mck	esson	3641 D	olfield Ave			215
20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3   4 Donettop 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	Removal from State ce	b. PLACE AND DATE OF DI Be ON Y CAPTURED OF OPPIER P	Forest Vet		Owing	gs Mills, Md
1 tome	H. Tho	Tresom	22. NAME AND ADDRESS OF F	-West 43		
23. PART/1. Enter the disease shock, or heart fail IMMEDIATE CAUSE (Finel disease of condition resulting in death)	a	stutic Cur		ch es cardlec or resp	iratory arrest	Approximate Interval Between Onset and Death
Sequentielly list conditiona, if any, leading to immediate	b.	A CONSEQUENCE OF):	7			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
PART II. Other significent cond	ditions contributing to deeth b	out not resulting in th	e underlying ceuse given ir	Part i. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC	A1 1				·	1 TYES 2 NO
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		26. PLACE OF OEATH (C HER: Nersing Home 5 □ Residence			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investiga	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	EO
3 Suicide 6 Could no determine	Dullding, atc. (Spe	/ — At home, term, street city)	, factory, office	28f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
	PHYSICIAN: To the beat of my know MINER: On the basis of examination					suse(s) and menner as stated.
296. SIGNOURE AND TITLE OF CER	careh.		29c. LICENSE NU	EJ (	29d. DATE SI	GNED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON	Kornk 455 +	reduce 1	ed Boltma	21228		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE				

	should
-	C
1	2,38
F 1	-
)	Pages
	permit.

	1 - STATE REGISTRAR	STATE OF MARYLAND		ICATE OF	HEALTH AND F DEATH	MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (Eljst, Middle, Lost)			ORE		2. DATE	OF DEATH	ž 8	YEAR 3	). TIME OF DEATH
	1011110 0000	6. SEX 8. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE	OF BIRTH	4	6. BIRTHPI Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street of	et and number) LefE			OR LOCATION OF S	DEATH		9c. COUNT	U.S	A
DIRECTOR	10a. STATE 10b. COUNTY		Me cit	Y, TOWN OR LOC	ATION CE				- 1	0d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER	IEC AVE			101. ZIP CODE	23		10g. CITIZI		AT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 T IF YES, GIVE WAR OR DATES	ARMED	If yes,	ECENDENT OF HISP/ specify Cuban Maxic ES 2 10 NO Spec	an, Puerto	f? (Specify Yes Rican, etc.)	or No — 1	4. RACE - Black, Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co	TION 16a. (College (1-4 or 5+)	(Give kind of a	USUAL OCCUPA work done during is se retired.)	TION nost of working	16b	KIND OF BUS	INESS/INDU	STRY	
BE CON		MOORE				ale	E Co	unt	45	
5	19a JAPPORMANT'S NAME (Type/Print) KOSOLEE N	TOORE	19b. MAILING	ADDRESS (Stree	and Number or Rural	Route Numi	ber, City or Town	, Stelle, Zip S	Code)	M) 21223
	20e. METHOD OF DISPOSITION 1	al from State cemetary,	crematory or o	the place N	( 211	1/2	7 10	CTION - CH	M)	ı, Steta
	21. SIGNATURE OF FUNERAL SERVICE LICEN	lectr CFSP	#281	22 NAME DE	AND ADDRESS OF F	ACILITY M. X	INROE	-57.	2	1217
CERTIFICATION	23. PART i. Enter the diseasee, or conehock, or heert feiture. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF	ane	s4					Approximate interval Between Onset and Dasth
PHYSICIAN: MEDICAL C	PART ii. Other algnificent conditions of	contributing to death but no	t resulting i	in the underlyl	ng ceuse given ir	Part I.	24a. WAS AN / PERFORM 1 YES 2	AED?	C	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
NAN I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only on	e)			
YSIC	1 TES 2 NO	OSPITAL: Inpatient 2 ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY V	JURY AT /ORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
TED BY	2 Acoldent Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, s				ATION (Street ar or Town, State)	nd Number of	r Rural Rou	te Number,
COMPLETED		N: To the best of my knowledge,								nd manner as stated.
BE	296. BIOLATURE, AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER 9 8		29d. DATE :	SIGNED (N	fonth, Day, Year)
٩	JOE L	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, MD)	Print) MPH	. 1830 8	F. M	ONVMA	ut-st	Rm?	1400, PD 21205
الح	JUL 9 9 1993	32. REGISTRAR'S SIGNATURE		-				- 0	1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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JUL 29 1993

1 -	STATE REGISTRAR

	1 - STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	ICATE OF		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH DA		3. TIME OF DEATH
	Helen Porter						3 0430 AM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
	L16-16-5836 10M2 DF	7.5 YRS.		111	9-1-19	10	arvland
or.	9e. FACILITY NAME (If not institution, give street end number)	1 4 1 5.	9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
<u>ō</u>	RESIDENCE OF DECEDENT	/ud, 2,5,	15a 17	more	MD	Bul	more
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR LOCAT	TON			10d. INSIDE CITY
	MP Galtomor		Balton	00			1 YES 2 NO
4AL	100. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3113 Normount Ava	-,		2/2/	6	0.	77
FU	1 Never Married 2 Married FORCES? 1	T EVER IN U.S. ARMED YES 2 . NO	13. WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexica	HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
ВҰ	3 Wildowed 4 Divorced IF YES, GIVE W	AR OR DATES	1 🗌 YES	2 NO Specify	y:		Specify: Black
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	life. Do NOT us	work done during mo se retired.)	st of worling			
MP	12th Grade	Wire	eman		West	tinghou	ise Company
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Meiden	Surneme)	
BE	James Fauntleroy  190, INFORMANT'S NAME (Type/Print)	principles			a Tomlin		
5	Charles Porter	3113			Route Number, City or Town	- 115	·
	20a METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE		nt Avenue		CATION - City	Maryland 21216
	1 N Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or o	ther placel				11s, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	O VECETAIN	22. NAME AN	ID ADDRESS OF FA	CILITY MITTER	Funer	al Homes, Inc.
	VOMMON & BULL	Don	2501 Balti	Gwynns I	Falls Parky aryland 21	<i>i</i> av	at nomes, the
	23. PART i. Enter the disesses, or complications the	t caused the death. Do r	not enter tha mo	de of dying, suc	h as cardiac or reapi	retory arrest.	Approximate
	shock, or heart failure. List only one cau IMMEDIATE CAUSE (Final	se on aach line.			•	•	interval Between Onset and Death
		(OR AS A CONSEQUENCE O	ài lune				
	DUE TO	(OR AS A CONSEQUENCE O	F):				
NO	Sequentially list conditions,	stop las -	MOSIS				
AT	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE O	F):				
잂	CAUSE (Disease or injury C.	(OR AS A CONSEQUENCE OF	F):				
CERTIFICATION	resulting in death) LAST						
Ö	PART ii. Other significant conditions contributing to	death but not requising	in the underluine	sous shorts	Part i. 24a, WAS AN		
CAL	Age , chronic co	PD - 108th	. A. a	cause given in	Part I. 248. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- igi , cu i c . c	- Lesy	1 CIVIL		1 _ YES 2	NO	OF DEATH?
2					_		1 🗆 YES 2 💋 NO
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Che	eck only one)		
Si	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	5 - Residence	6 Other (Specify)		
PHYSICIAN: MED	27. MANNER OF DEATH 28a. DATE OF (Month, D.			URY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
BY	2 Accident Investigation	2021	M 1 🗆 Y	ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	F INJURY — At home, ferm, a atc. (Specify)	street, factory, office	•	281. LOCATION (Street a City or Town, State)	ind Number or F	lural Route Number,
COMPLETED	200 OFFITIER						
MPL	(Check only CERTIFYING PHYSICIAN: To the beat of						
8	2 MEDICAL EXAMINER: On the beels of ex	amination end/or investigatio	in, in my opinion, de	eath occured at the	time, date end place, en	d due to the ce	use(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	417		29c. LICENSE NUN	IBER		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) /Free	Print)				7-29-93
				h. M	0 7/0 ///		
1	31. DATE FILED (Morth Par Year)	Green St. #	014	- D/a,/ W	<1044		
0	"JUL 2 9 1993 La Jan	doon-fandille					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

funeral director, page 5 should be detached for use as the burial-transit

filled in by the fution, or removal.

completely filled

and

Hygiene prior to burial,

signed by the attending physician in Health and Mental Hydiene prior to

this certificate has been with the State Dept. of F

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 0 80 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 219-50-3647 1 - M 2 DE 46 DAYS HOURS YRS. Ġ 124 Se FACILITY NAME (If not institution, give street and number)
Se ton Fill many nu
So when se served and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Home Dallo. City DIRECTOR BOI W Frankling orty 2/201 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto m 1 TYES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 501 USA W. TRankle 21201 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 2 Merried 1 Never Married IF YES, GIVE WAR OR DATES Lack 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retreat.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTED College (1-4 or 5+) Seaman once. 17. FATHER'S MAME (First, Middle, Last) 510 Ħ BE notified 19h. MAILING ADDRESS (Str 2 MarNe pe 20a, METHOD OF DISPOSITION
1. Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (N DATE must 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21217 medical 23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa or other DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 23 shows any AVAILABLE PRIOR TO lemen COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 39. PLACE OF DEATH (Check only one) or item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2- NO 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural TO THE HOSPITAL ON ALL DIRECTOR: After this De filed within 72 hours after death w IMPORTANT: If Item 28 is mart 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, 2 CETED CAUSE OF DEATH (ITEM 27) (Type, Fint) 5310 Ira 0 M.O ow 32. REGISTRAR'S SIGNATURE

ha Davidson Randelle

3

93

3. TIME OF DEATH 1.37 AM

Approximete Intervel Between Onset and Death

REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)  Melva K.	Pramschufer	· ***	2. DATE OF DEATH MONTH DAY	YEAR 93	3. TIME OF DEATH
9		2/7-05-3587 1-M278F		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/04/191	8. BIRTI- Count	HPLACE (State or Foreign ny)  Yland
2, 3 should	TOR	sa. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center RESIDENCE OF DECEMENT	96	BALTI MORE		9c. COUNTY OF D	
2	DIRECTOR	Maryland Anne Arundel		own on Location Burnie			10d. INSIDE CITY LIMITS? 1 YES 2X NO
Ti de	FUNERAL	7355 Furnace Branch Road		101. ZIP CODE 21060		U.S.A	
21215-0020 al or attending physician. for use as the burial-tran	B	11. MARITAL STATUS  1 Never Married 2 Married  24. Wildowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2XT NO Spec	an, Puarto Rican, etc.)		E — American Indian, k, White, alc. sity: White
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the buriat-trannottifled at once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12th Grade  College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Secretar	done during most of working tired.)	Civil S		- U.S. Gov.
MARYLAND retained by the hospits 5 should be detached notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Lest) Ervin Kral	1	10. MOTHER'S N He1	AME (First, Middle, Maiden S en Schife	,	
	5	19e. INFORMANT'S NAME (Type/Print)  I. I.orraine Krall		press (Street and Number or Rural Harbor Road	Route Number, City or Town, Pasadena,		d 21122
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE OF D cornetery, cremetory or other GLEN Haven	Memorial Park	7/26 Gle		, Maryland
6)		Chard Cx	Paris	22. NAME AND ADDRESS OF F George J. Gor 4001 Ritchie	Hwy. Balti	more, Mo	
O. BOX 68760, Rous after rights be executed within 24 hours after ng physician and completely filled in by the tighen prior to burial, centration, or removal other traumatic event, the medical	N	- Severe l	T FALLUK AS A CONSEQUENCE OF):	<u>2</u> E	ch as cerdiec or respir	story arrest,	Approximete Intervel Between Onset and Death
G H Charle	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):				
RECORI requires that the een signed by of Health and shows any It	MEDICAL	PART II. Other eignificent conditions contributing to dee	th but not resulting in t	he underlying ceuse given ir	Part I. 24s. WAS AN A PERFORM 1 YES 2	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
I OF VITAL R PHYSICIAN: The law re this certificate has bee n with the State Dept. o	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO HOSPITAL: 1 Inputent 2 ER		28. PLACE OF DEATH (C			
O E E E 5	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending (Month, Day, Yaccident Investigation	URY 28b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED	
ISIC TTENDI TTENDI After da			JURY — Al home, farm, stree (Specify)	t, factory, offica	281. LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,
	COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my I Check only one) 2 MEDICAL EXAMINER: On the basis of axamine					i) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.SHIRA	29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year) 23   93
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF HARBOR HOSE	F OEATH (ITEM 27) (Type, Prin	NTER.	M.SHI	RA21	5
	3	31. DATE FILL 2 9 1993 32. REGISTRAR'S	SIGNATURE MONTHER				

9	3	2	2	1	3	3
		-	-	-	-	_

	1. DECEDENT'S NAME (First, ELEANO)			ZOUREK			E OI			2. DATE O MONTH July	FOEATH D		YEAR 3.	9:00 A.
	4. SOCIAL SECURITY NUMB	ER	5, SEX	6. AGE (In yrs. Is	st birthday)		R 1 YEAR			7. DATE O			BIRTHPL	ACE (State or Foreign
	220-14-8331	5.34	1   M 2   F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		20, 1	925	Country)	vland
	9a. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATI	ON OF DE				Y OF DEAT	
ECTOR	226 Rodgers	Forg	e Road	Apt. T-E	3		Roc	dgers	Ford	те		Ba	altim	ore
EG	10a. STATE	10b. COUN	TY		10c. CIT	Y, TOWN	OR LOC	ATION						d. INSIDE CITY
	Maryland		Baltimore	2		Rode	gers	For	je					LIMITS?
FUNERAL	100. STREET AND NUMBER 226 Rodgers	Forg	e Road A	Apt. T-E	3		1	01. ZIP CODE 212						T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, OIVE V	YES 2 X		13.	If yes,	ECENDENT Coperation of the control of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the coperation of the copera	n, Mexica	n, Puerto Ric	(Specify Yes	or No- 1	Black, W Specify:	American Indian, India, etc. White
COMPLETED	15. DEC (Specify only Elementary/Secondary (0 12		ucation te completed) College (1-4 or 6	+)	Bookk	work done se retired.)	during r	TION nost of worldr	ng			EW Co.		
5	17. FATHER'S NAME (First, M.	ddie, Last)						18. MOTI	HER'S NA	ME (First, Mi	ddle, Meiden	Surname)		
BE	James Pazou							Anr	na Kl	Lemen	t			
	19a. INFORMANT'S NAME (7)	(pe/Print)		1								n, State, Zip C		
-	Lawrence J.				l La	mont	t Pl	ace,	Glei	a Arm	, Mar	yland	2105	7
	20a. METHOO OF DISPOSITI	ON n 3 🗆 Ret (Specify)	moval from State		TOP OF S			Corp.	7-2	29-93		cation - ci		state and 21204
	≥ Mich	pervice L	Auch					Towso			l Home	e. Inc		wson,Md. 50 York Ro
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	ons, diate	DUE TO	OR AS A CONSI	EQUENCE O	F): F):	enc	er						Onset end Death
CERI	resulting in death) LAS		d											
MEDICAL	PART II. Other algnifica	nt conditio	ona contributing to	deeth but not	reaulting	in the u	nderlyi	ng cause (	given in		24a. WAS AN PERFOR	MED?	AV CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28.	PLACE OF D	EATN (Che	eck only one)				
2	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ime 5 FR	aldence	6 🗆 Other	(Specify)			
BY PHY		Pending restigation	28a. DATE OF (Month, L		28b. TIM		28c. II	YURY AT YORK?				NJURY OCCU	RED	A I
EIEU B	3 Suicide 6	Could not be determined	26e. PLACE ( building,	OF INJURY — A1 I	ome, farm,	street, fac	ctory, off	lica			TON (Street of Town, State)	and Number of	Rural Rout	e Number,
COMPLE	anal .		SICIAN: To the best of											nd menner ae stated.
BE	296. SIGNATURE AND TITLE  **EXAMPLE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO		ELOGUE			H		29c. LICI	NSE NUM	ABER 7 (7		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF Stephen R.						n Pr	ofess	iona	al Bu	ildin	g Roc	om 51	2
	31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMN-16 Rev 1/89

12 will us It is for Survivous

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF N			ICATE	OF	DEAT	ГН		REG. NO.			•
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
Robert		Pierson						MONTH	23/93 PAY		YEAR	M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE (	OF BIRTH		8. BIRTH	PLACE (State or Foreign
217-07-6319	1 ₹ M 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MINE.		-1918		Country	TIMORE. MD.
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		1710	9c. COUNT		
804 Woodward S	St.				Ва	altin	nore					
RESIDENCE OF DECEDENT												
Md.			10c. CITY	y, town o Bal	time							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
804 Woodwar	d St.					21	230			J	JSA	
11. MARITAL STATUS		T EVER IN U.S. ARM							? (Specify Yes o	r No-	14. RACE	American Indian, White, etc.
1 Never Married # Married	FORCES? 1	YES 2 NO	0			2 X NO		n, Puerto R	ican, etc.)		Specif	
3 Widowed 4 Divorced						44	,,,,,				Afr	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OC			2/7	16b.	KIND OF BUSIN	ESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	Ho I	Do NOT us	e retired.)	Juling Inc.	at or workin	9					
		U.	NEMP	LOYE.	D							
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	liddle, Maiden Su	imame)		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural I	loute Numb	er, City or Town,	State, Zip (	Code)	
Julia Inez Pie	erson		80	4 Wo	odwa	ard S	St. H	Balto	. Md.	21230	)	
20a. METHOD OF DISPOSITION		20b. PLACE AI			ITION (No	me of		DATE	20c. LOCA	TION - C	ity or To	wn, Stata
1 Donation 5 Other (Specify)	oval from State	cemetery, crem	LON	ther place) CEME	TERY	r			BALT	MORE	I. M	D.
21. SIGNATURE OF FUNERAL SERVICE LIC	CHSELE	1		22.1	NAME AN	D ADDRE	SS OF FA	CILITY				
+ Warl	100	2							uneral Balto.			
					130	JU Et	itaw	PI.	parto.	rid.	212	L
23. PART I. Enter the diseases, or o	complications the	t caused the dee	th. Do n	not enter								Approximate
shock, or heart failure.	complications the List only one cau	t caused the dee	oth. Do n	not enter								
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cau	ise on each line.			the mo	de of dy						Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final	a. META!	t caused the deelse on each line.  CATA CONSEQUENCE (OR AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSE	001	200	the mo	de of dy						Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. META!	SANC C	001	200	the mo	de of dy						Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. META!  DUE TO	SANC C	OLO 1 UENCE OF	2 CA	the mo	de of dy						Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. META!  DUE TO	DATE CONSECU	OLO 1 UENCE OF	2 CA	the mo	de of dy						Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. META!  DUE TO  DUE TO  C.	DATE CONSECU	UENCE OF	2 CA 7:	the mo	de of dy						Approximate Interval Between
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 2 9 1993

DHMH-16 Rev 1/89

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J. D. Tr. Bergham

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Robert C. Magsamen  Fig. INFORMANT'S NAME (TyperPrint)  Page MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stelle, Zip Code)  Nr. P. Louis Rohe  17 13102 Cherwiin Ave. Baltimore, Md. 21220  20b. PLACE AND DATE of DISPOSITION  1 (A) Burdal 2   Cremation 3   Removal from State  20b. PLACE AND DATE of DISPOSITION (Nume of and the page)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  NOMEDIATE CAUSE (Final disease or conditions)  Approximate in death)  Sequentially list conditions, Harry, leading to immediate gause. Enter UNDERLY INSTALLANCE.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1   YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  1	
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Parkwood Cemetery 7-28+93   Parkville, Md.	
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2  1 YES 2	las week
Z	PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	
2 Accident Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide 4 Homicide Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Investigation Invest	
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and mennel	
296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day,  7/26/5	
Dr. P. Valarao M.D. Fallston, Md. 21047	
31. DATE FILED (Month, Day, 16ar)  JUL 2 9 1993  Julia Parisana Ambara	Year)

and when the

FOR

permit. Pages 1, 2, 3 should

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT			_				
1. DECEDENT'S NAME (First, Middle, Li					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATN
Charles Ritt					7	2:	1 1	993	6:29 I
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthd	MONTHS DAVE			OF BIRTN		8. BIRTI	HPLACE (State or Foreity)
219-05-7041	1 M 2 F	88 YR	B.	noons win.		/01/0	05		MD
9a. FACILITY NAME (If not institution, g	ve street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN		9c. CO	UNTY OF E	DEATN
Francis Scot	t Kev Me	d. Cent.	Balt	imore C	itv				
RESIDENCE OF DECEDENT									
MD 10a. STATE 10b. COI	NIY	10c.	CITY, TOWN OR LOC	imore C	i + 37				10d. INSIDE CITY LIMITS?
					ıty				1 YES 2 N
3322 Fleet S				101. ZIP CODE			10g. Cl		WHAT COUNTRY?
JJ44 Fieet S	L .			21224				U.S	. A .
11. MARITAL STATUS		NT EVER IN U.S. ARMED		ECENDENT OF NISPA specify Cuben, Maxic			or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES		ES 2 NO Speci		mount, etc.)		Spec	elfy:
									White
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16a. DECEDEN (Give kind	T'S USUAL OCCUPA of work done during in the retired.)	TION most of working	16b.	. KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	(+)							
Unk.	Unk.	Jani	tor			Autor			
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, A	Middle, Malden	Sumeme)		
Harry Ritter				Barba	ra L	ink			
19e. INFORMANT'S NAME (Type/Print)		19b. MAJL	ING ADDRESS (Stree	t and Number or Rural	Route Numb	ber, City or Tow	n, State, Z	(ip Code)	
Mary Zurick		3322	Fleet S	t. Balti	imore	, MD 2	1224	+	
20a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 1	411 - 111 - 111	20b. PLACE AND DA	TE OF DISPOSITION		DATE			- City or To	own, State
	eniover from State	cemetery, crematory	or other place)		- 10				3.00
		<ul> <li>Holy Ros</li> </ul>	sarv Cem.		1//2	6   Bal	time	re	[VIII]
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DNMH-16 Rev 1/89

2. DATE OF DEATH MONTH DAY 7.9

7. DATE OF BIRTH (Month, Day, Year)

IF UNDER 1 YEAR IF UNDER 24 HRS.

Strong

6. AGE (In yrs. lest birthday)

5. SEX

3. TIME OF DEATH

S. BIRTHPLACE (State or Foreign Country)

N		)	permit. Pages 1, 2, 3 s
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s

	2/3-/8-/646 9a. FACILITY NAME (If,not institution, give	1 M 2 KF	75	YRS. MONTHS	DAYS	HOURS MIN.	10	-/-/7		Country)  M D	e or roreign
DIRECTOR	507 N. Gilmor RESIDENCE OF DECEDENT	01 -	212	17	3 A		ORE	=	9c. COUNTY	OF DEATH	
	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN	OR LOCA	MOYE				10d. INSID	\$?
FUNERAL	10e. STREET AND NUMBER  507 N. Gill  11. MARITAL STATUS	T	ree T			H. ZIP CODE	-		Lu:	OF WHAT COUNT	FRY?
ВХ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO		It yes, s	CENDENT OF HISP pecify Cuban, Mexic S 2 NO Spec	can, Puerto	ilN? (Specify Yea o Rican, atc.)	or No 14	RACE — America Black, White, atc Specify:	an indian,
PLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Gh	EDENT'S USUAL (  I kind of work done  NOT use retired.)	during m	ost of working	16	66. KIND OF BUS	SINESS/INDUS		
BE COMPLET	17. FATHER'S NAME (First, Middle, Lest)			77011	- //	18. MOTHER'S N	AME (First,	, Middle, Maiden	Surname)		
2	Arthus L. Drag	ier	19b.	LighT	S (Street	eeT B	ALT	MOYE	n, State, Zip Co	Z120;	Z
	20a. METHOD OF DISPOSITION  1 Gurlal 2 Cremation 3 Ran  4 Donation 5 Other (Specify)	ioval from Stata		DDATE OF DISPO	SITION IN	ame of	4-30	TE 20c. LO	cation - ch	or Town, State  n , Mil	1-
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE OUN		22	PIH-e	ND ADDRESS OF F	ACILITY	638N		nor Str Tician	
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart feliure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	B. QUE TO (OR AL	S A CONSEOU	PENCE OF):	flor	lea				Inter	roximete val Between et and Dear
	PART II. Other eignificent condition	ns contributing to deeth	but not res	Bulting In the u	nderlyln	g couse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTO AVAILABLE 1 COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	admiddles a C	OTHE	R:	LACE OF DEATH (C					
ву РНҮ:	27. MANNER OF DEATH  1 Militural 5 Pending 2 Accident investigation	28a. DATE OF INJUR (Month, Day, Year	Y	28b. TIME OF INJURY	26c. IN.	Ne 5 Residence PURY AT DRK? YES 2 NO	_	er (Specify)	NJURY OCCUR	ED	
3	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home	s, term, street, fac	tory, offic	•	261. LO C/h	CATION (Street a y or Town, State)	nd Number or	Rural Route Number	
COMPLET		ICIAN: To the best of my kn								euse(a) and manna	er an stated.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Man.				29c. LICENSE NU 22203				GNED (Month, Day, 29-93	Year)
-		ery man									
7	31. DATE FILED (Month, Day, Year) JUL 2 9 1993	32. REGISTRAR'S SH	GNATURE								

7	J	6	4	0

1 - STATE REGISTRAR	0.7.112 0.7	С	ERTIF	ICATE	OF I	DEAT	ГН		REG. NO			
1. DECEDENT'S NAME (First, Middle, I	.est)			L DIT				2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEATH
Noah Shein								7	/24/93	3'	TEAN	5.50P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)			IF UNDER			OF BIRTH		8. BIRTH Count	1PLACE (State or Foreign
947-34-2377	1 ₹M 2 □ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	4-8	-1908		Pol	
Se. FACILITY NAME (If not institution,	give street and number)			9b. CITY, 1	TOWN OR	LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
5025.Green M	ountain Ci	rcle		Col	umbi	ia				Ho	ward	
RESIDENCE OF DECEDEN	T											
10e. STATE 10b. CO	PUNTY			TY, TOWN OR		ON						10d. INSIDE CITY LIMITS?
	ward			columb	ia							1 TYES 2 NO
10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
Green Mountain	Circle, 5	025			21	044				US	A	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AI	RMED						? (Specify Ye	s or No-	14. RAC	E — American Indien, k, White, etc.
1 Never Married 2 Married	IF YES, GIVE	WAR OR DATES	-140		YES :				Ricen, etc.)			" White
3 Widowed 4 Divorced						21						VIIII
15. DECEDENT'S (Specify only highest		(0	Give kind of	work done du			ng	16b	KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	3 Yrs.	i+) #6	DO NOT L	use retired.)					Conc	truct	·ion	
	J IIS.		Engi	reer					CONS	LLuci	LOII	
17. FATHER'S NAME (First, Middle, Las	1)					18. MOT	NER'S NA	ME (First, I	Middle, Meiden	Sumame)		
Elizar SHEIN						Dir	na Mo	OKOTY	W			
19e. INFORMANT'S NAME (Type/Print)		19	9b. MAILIN	G ADDRESS (	(Street en	d Numbe	r or Rural i	Route Numi	ber, City or Tow	rn, State, Zip	Code)	
Judith Satin		1	0338	Sixpe	ence	Cir	ccle	_Co1	lumbia	- MD	210	144
20e. METHOD OF DISPOSITION	Bomouni Storm Chata			E OF DISPO		Name		DAT	E 20c. LC	CATION —	City or To	own, State
1 Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify)	A TOM State			Park		eter	٦,	25-	iul 93	Ba]	tim	ore MD
21. SIGNATURE OF FUNERAL SERVICE	E NCENBEE			22. N	AME AND	DADDRE	SS OF FA	CILITY				
ST.W.Y.	4 11/2	16							al Hom			
23. PART i. Ental the disasses	11	·	~						Arlin			22201 Approximate
MMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Resp DUE T c. DUE T	STATIC O (OR AS A CONSE O (OR AS A CONSE	U		lu		ln	ng				
PART II. Other significant cond	dditions contributing	to death but not	resulting	in the und	derlying	cause	given in	Part i.	24a. WAS AF		241	b. WERE AUTOPSY FINDII
N/A								_	1 TYES			COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL				26. PL	ACE OF D	DEATH (Ch	neck only or	ne)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4   Nursi		5 100	aaldenee	6 C Oth	er (Specific)			
27. MANNER OF DEATH	26e. DATE (	OF INJURY	28b. TI	ME OF	28c. INJU	JRY AT	-arcerred		SCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending	(Month,	Day, Year)		NJURY M	WOF		NO.				3	
2 Accident Investiga 3 Suicide a Could not 4 Homicide determin	28e. PLACE	OF INJURY — At h	nome, farm	, etreet, facto					CATION (Street or Town, State		r or Rural	Route Number,
TOTION UTILY	PNYSICIAN: To the best											(e) end menner as state
	a : 76 -	Dr,				29c. LIC	ENSE NU	MBER 3 9		29d. DAT	SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CO	USE OF DEATH (IT	EM 27) (Typ.	Print)	e D	R,	Bux	VILL	E, mi	) ,	ه مر	12

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUL 2 9 1993

in the second second

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				EKIIF	ICALE	= OF	DEA	ГН _	F	REG. NO			
	1. DECEDENT'S NAME (First,		Shorter							2. DATE OF MONTH	De	WY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. Id	and the fact of the state of		4.000.00		T I	Jul.2		993		М
	408-36-4124		1 □ M 2 🂢 F	73	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF 1 (Month, Di 08/11	ly. Year)		Countr	PLACE (State or Foreign y) Nessee
	9e. FACILITY NAME (If not ins	titution, give s	treet end number)	, ,		9b. CITY	, TOWN	OR LOCATI	ON OF OE		-/ 13	9c. COU	NTY OF O	
TOR	Northwest H	Hospit	al Center			Ran	dal]	lstow	m			Balt	imor	е
FUNERAL DIRECTOR		10b. COUNT	imore		10c. CIT	y, town o								10d. INSIDE CITY LIMITS?
7	100, STREET AND NUMBER	_					101	f. ZIP COD	E			10o. CIT	ZEN OF V	1 YES 2 NO
NER/	1325 Maple	Avenu						212	27			US		THE COURT I
교	11. MARITAL STATUS  1 Never Married 2	Harriad	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO	13. 1	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14, RACE	— Americen Indian, t, White, etc.
B	3 Widowed 4 Divon		IF YES, GIVE WA	R OR DATES				2   NO			.,,		whi	fy:
百	15. DECE (Specify only	DENT'S EOU highest grade	CATION completed)	16e. D	ECEDENT'S Give kind of version Do NOT us	USUAL OC	CCUPATIO	ON ost of working	19	16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5+)	100	nemak	100				Sel	£			
OM	17. FATNER'S NAME (First, Mic	idle, Last)		110	noman	CL		18. MOT	HER'S NAM	ME (First, Middl		Sumeme)		
BE	Sho	rter												
6	19e. INFORMANT'S NAME (Ty)			1	Db. MAILING	ADORESS	(Street e	nd Number	or Rural A	loute Number, (	City or Tow	n, State, Zip	Code)	
۴	Betty Jane				L325	Maple	e Av	enue	1	Arbutu	s		MD	21227
į	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 4 Donation 5 Other (	3 Rem	oval from State	20b. PLACE cemetery, cr Loude	AND DATE (	of DISPOS	ITION (Na	ame of		OATE		CATION —	-	2300
1	21. SIGNATURE OF FUNERAL		ENSEE	Loud	on Pa	22.1	NAME AN	OLA MOORE	SS OF FAC	eiu Ambr	B	alti	nore	Maryland
	Jarnh	1	huch	4 2	Z	13	328	Sulp	hur s	Spring	Roa	d, A	rbuti	us,Md
	23. PANY I. Enter the dis shock, pr he IMMEDIATE CAUSE (Final disease or condition resulting in death)	ert renure.	a. Rund	on each lin	e. 		/	yu,		aa cerdiec	or reepi	retory arr	reet,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	lete	DUE TO (C	OR AS & CONSE	OUENCE OF	d	Qe.	ui	1					
TEIC	CAUSE (Disease or Injurithet initiated events resulting in deeth) LAST	y 1	DUE TO (C	R AS A CONSE	OUENCE OF	7:								
5	readiting in death) LAST	L	d											
ا ہے	PART II. Other algnificen	t condition	a contributing to d	eeth but not	resulting i	n the un	derlylng	g ceuse g	lven in F	Part I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										_ 1[	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
Σ														1 TES 2 NO
AN	25. WAS CASE REFERRED TO	MEGICAL					22.51	105.05.0						
PHYSICIAN:	EXAMINER?  1 YES 2 NO		HOSPITAL:	R/Outpatient	3 DOA	OTHER	t:	17-		ck only one)		-		
Ĕ	27. MANNER OF OEATH		28e. DATE OF II	IJURY	26b. TIM	E OF	26c. INJ	URY AT		28d. DESCRIE		JURY OCC	CURED	
BY	1 Netural 5 P	ending vestigation	(Month, Day	Tear)	INJ	URY M		RK? /ES 2	] NO					
BE COMPLETED		ould not be etermined	26e. PLACE OF building, at	INJURY — Af h c. (Specify)	ome, ferm, s	treet, facto	ory, offici			26f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural A	oute Number,
<u> </u>	29a. CERTIFIER (Check only	YING PHYSI	CIAN: To the best of m	y knowledge, d	eath occurre	d at the ti	me, date	end place,	end due t	to the cause(e	end men	ner se stat	ed.	
ĕ Ç														end manner ee stated.
E I	29h. SIGNATURE AND TITLE O	CERTIFIE	A. 9	1/8				29c. LICE	NSE NUMI	-		Hay DAY	SIGNED	(Project (Day Was)
2	30. NAME AND ADORESS OF	PERSON WIL	COMPLETED CALIFE	OF DEATH (TT	1 17 (T-	Orient		D	DV	590		1/1	49	27
	The state of the	LINGUR WIT	- JOHN LETED CAUSE	OF DEATH (ITE	.m. ∠/) (/y/pe,	r-mm()						0		
	31. OATE FILED (Month, Day, Ye JUL 291	QQ 2	32. REGISTRAR	S SIGNATURE	4.00					-		<u>-</u> .		<del></del>
1	70 70	<b>3</b> 33	Variable of the same	maghin	- CHINGS									

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BALTIMORE, MARYLAND 21215-09	24 hours after death. Page 6 may be retained by the hospital or attention	filled in by the funeral director, page 5 should be detached for use as the on, or removal.	he medical examiner must be notified at once.
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mit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTA	L HYGIEN	E S	3	2211	40
	1. OECEDENT'S NAME (First, Middle, Last)  DOTOTHY	Sheppara	0			2. DATE	OF DEATH	AY	YEAR	3. TIME OF OEA	тн А м
	212 01 4065		s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH (h, Day, Your)		8. BIRTHI Country	PLACE (State or Fi	
TOR	90. FACILITY NAME (If not institution, give stree  University of Mar RESIDENCE OF DECEDENT			Baltime	or Location of D	DEATH	7.10	4	ITY OF DE		
DIRECTOR	10e. STATE 10b. COUNTY Md .			Baltimo						10d. INSIDE CITY LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER Seton Hill Manor N	.H. 501 W. Fr	anklin		1. ZIP CODE				ZEN OF W	HAT COUNTRY?	
B≼	11. MARITAL STATUS 1. Never Married 2 Merried 3. Wildowed 4 Divorced	2. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	VNO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic NO Speci	an, Puello	N? (Specify Yer Rican, etc.)	or No	Black	- American Indi , White, etc. y: hite	an,
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor  Elementary/Secondary (0-12) 8th	TION 164 (1-4 or 5 +)	Give kind of wille. Do NOT us	USUAL OCCUPATION done during money retired.)	ON st of working	166	Self-		USTRY		
	17. FATHER'S NAME (First, Middle, Last)		DC CHILD C	1035	18. MOTHER'S NA		Middle, Maiden		<u> </u>		
TO BE	Samuel Darrigo  190. INFORMANT'S NAME (Type/Print)  Sandra Waite				Mabel	Route Num	ber, City or Tow			0	
	29s. METHOD OF DISPOSITION  1X Burlel 2 Cremellon 3 Remova  4 Donetton 5 Qther (Specify)	20b. PL/ cameten		F OISPOSITION (N	ing Rd.	DATE:	E 20c. LO	CATION — C	alty or Tow	vn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME A	J. Webe	ACILITY					
	23. PART Enter the diseases, of conshock, or head failure. Lis iMMEDIATE CAUSE enthal disease of settlition resulting in death)	phications thet coused the toping one couse on each  DUE TO DR AS A COL	line.				diec or respi	iratory arre	eat,	Approxim interval B Onset and	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM									
7	PART II. Other algorificant conditions of	ontributing to deeth but n	ot resulting le	n the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF CO OF DEATH?	TO
PHYSICIAN: MEDICA	Dehydratio 25. WAS CASE REFERRED TO MEDICAL	η		28. PI	ACE OF DEATH (C)	back only or	30)			1 - YES 2	NO
IYSIC	EXAMINER?  1   YES 2   NO   1  27. MANNER OF GEATH	OSPITAL:	H 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	r (Specify)				
BY P	1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 U	RK? /ES 2 NO	28d. OE	SCRIBE HOW I	NJURY OCC	UREO		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, st	reel, factory, offic		28f. LOC City	ATION (Street or Town, State)	and Number o	or Rural Ro	oute Number,	
COMPLETED		N: To the best of my knowledge On the basis of examination and								end manner ee s	tated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  DEL MEM  30. NAME AND ADDRESS OF PERSON WHO	er, Mi	D		29c, LICENSE NUI					Month, Day, Year)	
2	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	sites	,	BA	CTO	ME	<u>,</u>			-

DIVISION OF VITAL RECORDS, P.O. BOX 68760. BALTIMORE, MARYLAND 21215-0020	1215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	or attending physician.
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	ALGISTAR OLD DEATH	HEG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH						
	George Squirrel	July 20, 1993	YEAR M						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BURTHPLACE (State or Foreign						
3	215 14 0228 1 M 2 G F YRS. MONTHS DAYS HOURS MIN.	5-25-23	Columny) +: MORC						
	Sa. FACILITY NAME (If not institution; give street and number)	EATH / 9c. COUN	YTY OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT C. harles It. Batimore	City							
EC	10a. STAUE 10b. COUNTY // MG, CITY, TOWN OR LOCATION	_ 1 .	10d. INSIDE CITY						
	MD. Baltimore	2:+1	1 YES 2 NO						
FUNERAL	10. STREET AND NUMBER 101. ZIP CODE 2123	10g. CITI	ZEN OF WHAT COUNTRY?						
5	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPA 1 Never Married 14. WAS DECENDENT OF HISPA 15. WAS DECENDENT OF HISPA 16. WAS DECENDENT OF HISPA 17. WAS DECENDENT OF HISPA 18. WAS DECENDENT OF HISPA 18. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDENT OF HISPA 19. WAS DECENDE	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Bleck, White, etc.						
B	3 Wildowed 4 Divorced 8-20-45-2-22-40 1 YES 2 NO Spec		Dack						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b, KIND OF BUSINESS/IND	USTRY						
F.	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)	Painton							
MO		AME (First, Middle, Maiden Surname)							
BE C	albert Sawirel Lillie	LN DIXON	Ь						
10 B	199. INFORMANT'S NAME (Type/Daint) ) 199. MAILING ADDRESS (Street and Number of Rura	Route Number, City on Town, State Zip	Code MD 21216						
	20s. PLACE AND DATE OF DISPOSITION 20s PLACE AND DATE OF DISPOSITION [Name of cheeping of the place]	OATE 20c. LOCATION -	City or Town, State						
	4 Donation 5 Other (Bookly) Jarrison Torrest 1-09								
1	21. SIGNATURE OF PUMERAL SERVICE ACCESSEE  22. NAME AND ADDRESS OF FACILITY								
	my Willaukst	North Hie Jo	140.Md.21211						
	<ol> <li>PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line.</li> </ol>	ch as cardiac or respiratory arr	rest, Approximate Interval Between						
	Count and Doub								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  • Recurrent Symmos (I) I/M Concer  Due to (or as a consequence of):								
_	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
2	CAUSE (Disease or injury								
F	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
H	d								
	PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in		24b. WERE AUTOPSY FINDINGS						
EDICAL		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
			1 YES 2 NO						
Σ			3 3						
M	25. WAS CASE REFERRED TO MEDICAL EYAMMIER? 26. PLACE OF DEATH (Check only one)								
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OC	CURED						
BY	1 Natural 5 Pending 2 Accident investigation M 1 YES 2 NO								
	3 Suicide 4 Homicide 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 City or Nown, State) 5 State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat								
	29a. CERTIFIER								
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  Check only one)  2  MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated.								
	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NO	MINER 29d, DAT	E SIGNED (Mouth, Day, Year)						
BE	Lymney Lynn MD 027/Oncober D42	223 .	7/28/93						
임		Aug.	4 NV 6 1						
7	38. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non. Print)	-							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		70						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	ATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) BEATRICE	EATRICE L.			STANLEY			2. DATE OF DEATH		3. TIME OF DEATH 93 4:26 P.M	
4. SOCIAL SECURITY NUMBER 212-20-2561	CURITY NUMBER  5. SEX  1  M 2 V F 78  YRS.			F UNDER 1 YEA	YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS MIN. (Magrin, Day, Year)			B DIDTINDI ACE (Create on Coming		
9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH								
6520 EVERLY DRIVE BALTIMORE CITY										
10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS?  Md Balto 11√ Yes 2 □ ND										
100. STREET AND NUMBER 6520 Eberle D	r. Apt20	1			21215				S.A	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FDRCES? 1 I IF YES, GIVE WAR	YES 2 N	MED D	If yes,	Specify Cuben, Mexica ES 2 ND Specif	in, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specifi	- American Indian, , White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknown	CATION completed) College (1-4 or 5+)	(Giv	CEDENT'S US TO KIND OF WORK DO NOT USO TO OMES T	done during	ITION most of working	16	b. KIND OF BUS	INESS/INDU	JSTRY	
17. FATHER'S NAME (First, Middle, Last)			0111000		18. MOTHER'S NA	ME /Floor	Adirlotto Admirton I	Promo mail		
June Alston					Lizzi	ie i	lohnso	n		
190. INFORMANT'S NAME (Type/Print)  Julius Alsto	n		P.U.E	SOXS	Littleto	on,	N.C.	2785	Ω	
20a, METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE AI	ND DATE OF E	DISPOSITION DIACE	(Name of Cemeter	y 77	29793	ATION — C	e A	ründelCo _M
21. SIGNATURE OF FUNERAL SERVICE LIK	ENGEE A	205/0	To	22. NAME	AND ADDRESS OF FA	CILITY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificent condition	a contribution to de	eth hut not re	nulting in t						_	1
	e commuting to de	ath out not re	suiting in t	ne underly	ing ceuse given in	Part i.	24a. WAS AN A PERFORI 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATH (Ch					
27. MANNER OF DEATH	28a. DATE DF INJ (Month, Day,	IURY	28b. TIME OF	F 28c, I	NJURY AT WORK?	_	SCRIBE HOW IN	JURY OCCI	JRED	
Netural 5 Pending Investigation 3 Suicide 5 Could and be	28e. PLACE OF IN	IJURY — At hom	23	M 1	YES 2 ND	28f. LO	CATION (Street ar	nd Number o	v Rural Re	rute Number
4 Homicide detarmined building, atc. (Specify)										
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  0. C. M. E.  29d. DATE SIGNED (Month, Day, Year)  7 - 24 - 1993										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  T. A. Baltimore, Maryland 21201										
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		<b>5</b> 0 - 3	4			-			
U. E. L. G.		CALL PROPERTY.	A STATE OF	_						

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Leal)  Gertrude ( Smith Smith )  2. DATE OF DEATH OAY CYEAR ( SMITH )									
	A SOCIAL SECRETTY MILMORE E SEX SACE (In the National Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the Secretary Association of the S									
	213-26-8349 1 M 2 M F 62 VRS. MONTHS DAYS HOURS MIN. (Month, Day Mar.) 7. BATE OF BIRTH OF STATE OF STATE OF BIRTH OF STATE OF BIRTH OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF ST									
	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	3406 Flannery Lane Balto									
띮	RESIDENCE OF DECEDENT									
뜸	Md Balto									
FUNERAL	106. STREET AND NUMBER 3406 Flannery lane 107. ZIP CODE 21207 109. CITIZEN OF WHAT COUNTRY? U.S.A.									
BY FUN	11. MARITAL STATUS  1 Never Merried  1 Never Merried  2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- If yes, specify, Cuben, Mexicen, Puerto Rican, atc.)  14. RACE — American Indien, Black, White, atc.  15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- If yes, specify, Cuben, Mexicen, Puerto Rican, atc.)  16. RACE — American Indien, Black, White, atc.  17. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- If yes, specify, Cuben, Mexicen, Puerto Rican, atc.)									
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) Illie. Do NOT use retired.)									
00	17. FATNER'S NAME (First, Middle, Mejdler, Symmeme) Norman Rogers  18. MOTNER'S NAME (First, Middle, Mejdler, Symmeme) Gertrude Rhinehart									
TO BE	196. INFORMANT'S NAME (Type/Print) Robin Ott 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code), 52 Tripple Crown Ct. Balto, Md 21244									
	20e. METNOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / Name of DISPOSITION / N									
	4 Donardon 5 Dother (Specify)  21. Signature of Funeral Service (Censee )  22. NAME AND ADDRESS OF FACILITY									
	Champson Je March F/H-WEST 4300 Wabash Ave									
	23. PARTI. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease) or condition resulting in death)  S. Metastatic Restal Courants & Brain Land  Due to (or as a consequence of):  Metastasis									
ATIO	Sequentielly list conditions, If any, leading to immediata cause. Enter UNDERLYING									
IFIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST									
IEDICAL CERTIFICATION	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
N.										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
ız.	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home Residence 6 Other (Specify)									
BY PH	27. MANNER OF DEATN  1. Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO									
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  Description of the cause(e) end manner ee stated.									
TO BE	Morin Dellan no 001930 >7/28/93									
	MARVIN J. FELDMAN, MD. 301 ST. PAUL PL. #212 BALTO, MD 21202									
	31. DATE FILED (Month Day, Year) 32. REGISTRAR'S SIGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or through the STRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0920 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

milt. Pages 1, 2, 3 should

2

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: Il item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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•	withi	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,	
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND		TYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH 3. TIME OF DEATH		
	Aubrev	JEROME	Sto		0.7	2.4	1993			
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF			THPLACE (State or Foreign	
	212-48-1247	1 ☑ M 2 ☐ F	45 YRS.	MONTHS DAYS	HOURS MIN.		-1948		TIMORE. MD.	
_	9e. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOWN O	R LOCATION OF DE			OUNTY OF		
DIRECTOR	1613 Edmondso	on Avenue	2	Balti	more C	itv				
E	10e. STATE 10b. COUNT			Y, TOWN OR LOCAT					10d. INSIDE CITY	
E E	MY								LIMITS?	
	100. STREET AND NUMBER  101. ZIP CODE						100	CITIZEN OF	1 ▼ YES 2 □ NO	
ER/	1001 NORTH MONRO	E STREET							WINT COOKING	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (S	pecify Yee or No-	USA.	CE — American Indien,	
	1 Never Merried 2 Merried	YES 2 NO	YNO If yes, specify Cuben, Mexican, Pa							
ЭВУ	3 Widowed 4 Divorced				A			BLA		
111	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during most retired.)	N st of working	16b, KJA	ID OF BUSINESS	/INDUSTRY		
1 =	Elementary/Secondary (0-12)	College (1-4 or 5 +)		e retired.)		ı				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		WELDER				NERAL S			
					18. MOTHER'S NA		le, Meiden Surnam	ne)		
BE	ALLEN PRESTOR  190. INFORMANT'S NAME (Type/Print)	STOKES S		ADDRESS (Street a	LOTT		OLIVER	71. 0. 1.		
유	DEBORAH STOKES									
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE	ORITH MON		DATE DATE	20c. LOCATION		21217	
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donalion 5 ☐ Other (Specify)	oval from State	cemetery, crematory or or KTNG MEMORT	her plecel		1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	T TOTAL PART OF T		D ADDRESS OF FA	CILITY	WOODLAW	, MAK	(LAND	
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTTMORE ST. BALTO, MD. 21223; P.O. BOX 443									
	23. PART I. Entar the diseases, or	complications that c	aused the death. Do n	1 1913 W.	BALTIMORE	ST. BA	LTO, MD.	21223		
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause	on each lina.		o or cymg, oco	or an our arac	or respiratory	arrest,	Approximate Interval Between Onset and Death	
	disease or condition									
	a. NARCOTICS AND COCATNE INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, b.									
Iğl	DUE TO (OR AS A CONSEQUENCE OF):									
일	CAUSE (Disease or Injury C.									
CERTIFICATION	thet initiated events resulting in death) LAST	502 10 (0	TAS A CONSEGUENCE OF	).						
핑	d									
A	PART II. Other significant condition	a contributing to de	ath but not reaulting i	n the underlying	cauae given in	Part I. 24e	. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS	
MEDIC						186	YES 2   NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	····					_ /			1 TES 2 NO	
ÿ										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	1/2 YES 2 NO	1 Inpatient 2 E	R/Outpatient 3 DOA	4 - Nursing Home	5 Residence	8 Other (Sp	ecify)			
РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	PONTE OF IN	JURY 28b. TIMI	URY WOI	HK?	28d. DEŞCRII	BE HOW INJURY	OCCURED		
BY	2 Accident Investigation	7-24-93	UNKNO	WIN	ES 2 NO	UNKNOW				
	3 Suicide 8 Could not be determined	building, ato	. (Specny)	treat, factory, office		City or To	N (Street and Num wn, State) 1613	EDMON	Houte Number, IDSON AVE.	
Ē	FOUND: IN BEDROOM BALTIMORE MARYLAND									
COMPL	296. CERTIFFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
	and the cause(e) and menner se stated.									
出	296. SIGNATURE AND TITLE OF CERTIFIES	orly of	$\sim$	ŀ	29c. LICENSE NUN		29d. (		D (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
Julian Cake, MD 111 Penn Street, Balti							00 Ma	rr, I a	nd 21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		in stre	et, Dal	- C THOI	e, Md.	гула	nd 21201	



a series of the series

BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physician.	tor, page 5 should be detached for use as the burial-transit permit	nust be notitled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permose filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
DIVISIO	TO THE HOSPITAL DR ATTEND	TO THE FUNERAL DIRECTOR: / be filed within 72 hours after d	IMPORTANT: It item 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF	DEATH	REG. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last) E. SMIH	2	DATE OF DEATH DAY	93	3. TIME OF DEATN
	000 07 07 07 00 14 00 YRS.	IF UNDER 24 HRS. 7.	DATE OF BIRTH	B. BIRTH Count	NPLACE (State or Foreign
TOR		NORCE	H 9c. CO	UNTY OF D	DEATH
DIRECTOR	100. STATE  100. COUNTY  100. COUNTY  100. COUNTY  100. COUNTY  100. COUNTY  100. COUNTY  100. COUNTY	ON			10d. INSIDE CITY LIMITS?  1 VES 2 NO
FUNERAL	3400 GUVNISS TAILS PRY	ZIP CODE 21216	10g. CI	TIZEN OF V	NHAT COUNTRY? S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 1 PORCES? 1 YES 2 CMO If yes, spec 1 Widowed 4 Divorced 1 YES, GIVE WAR OR DATES 1 YES.	cify Cuban Mexican, F	ORIGIN? (Specify Yes or No— Puerto Rican, etc.)		E — American Indian, k, White, alc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	N	16b. KIND OF BUSINESS/IN	NOUSTRY	7
COMPLETED	Specify only highest grade completed)  Elementary/Secondary (0-12)  Cotlege (1-4 or 5+)  Multiary  A	lice	DEFENSE	= 2	Eparlment
BE CO	17. FATHER'S NAME (First, Midgle, Lust) Len (Court	18. MOTHER'S NAME	(First, Middle, Malden Surname)	mi	Et
9	19a. INFORMANT'S NAME (Type/Print) THERES'A South 3453 MC	d Number or Rural Roll	te Number, City or Town, State, 2	(ip Code)	
	20e. MSTROD OF DISPOSITION  1	RES/CET	19 OWEN	Ony or to	ul nd.
	11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22. NAME AND 22	ADDRESS OF FACILI	Tonrai St.	21	217
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mod- ahock, or heart failure. List only one cause on each line.	e of dying, such a	s cardiac or reapiratory e		Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. DULL TO (OR ALL A CONSEQUENCE OF A	dist	29se		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	APCI	holis-	)	
E E					
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying	cause given in Par	rt I. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 0 NO	346.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 YES 2 1 MO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLA	CE OF DEATH (Check	only one)		
Sign	EXAMINER?  1 ☐ YES 2 € NO  HOSPITAL:  1 ☐ Inpetient 2 ☐ EN/Outpatient 3 ☐ DOA  4 ☐ Nursing Home	5 Plesidence 8	Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF INJURY WORLD 1 Natural 5 Pending World (Month, Day, May)	RY AT 20	Id. DESCRIBE HOW INJURY OF	COURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	29	H. LOCATION (Street and Munice City or Town, State)	er or Rusel R	Route Number:
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data as a medical examiner. On the bast of examination and/or investigation, in my opinion, death occurred.	nd place, and due to t	the cause(a) and manner as str e, data and place, and dus to I	ated. The cause(s	) and manner as stated.
8	204 SIGNATURE AND VIVI F OF OFFICER	29c. LICENSE NUMBER			(Month, Day Man)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	atous"	ecul.	2/1.	2
0	31. DATE FILED (Month, Day, Veer)  32. REGISTRAN'S SIGNATURE  JUL 2 9 1993  Julia Seviden Pondale		(	- (/	
VI	N 0 1400 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

BALTIMORE, MARYLAND 21215-0020	Thours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit polon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUL 2 9 1993

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, La		1460		,				2. DATE O MONTH	F DEATH D	AY	YEAR	. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		MES				END		JUL	ΥΥ		193	1:550.	
	5. SEX	6. AGE (In yrs. le	-	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF	Day, Year)		Country)	ACE (State or Foreign	
409-40-4908		1	YRS.	-0				Jan	23 1	.916		sissippi	
Ge. FACILITY NAME (If not institution, gi	ive street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								ТН	
Sinai Hospital				Baltimore									
10a. STATE 10b. COL			10c. C/1	Y. TOWN	OR LOCAT	TION	_				1	Od. INSIDE CITY	
New York							I	3uffal	.0			LIMITS?  YES 2 NO	
10e. STREET AND NUMBER					10	f. ZIP CODE				10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY?		
61 Saratoga Roa	d					14	226				USA		
11. MARITAL STATUS	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF	F HISPAN	NIC ORIGIN?	(Specify Yes	s or No-	4. RACE -	- American Indian.		
1 Never Married 2 Married		MAR OR DATES	NO			ecify Cuban		in, Puerto Rk	en, etc.)		Specify:	White, etc.	
3 Widowed 4 Divorced											-,,-	Black	
15. DECEDENT'S (Specify only highest g		16a. D	ECEDENT'S	USUAL C	CCUPATIO	ON ost of working		16b. H	IND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	114	6. Do NOT u	se retired.)	during me	of or working							
	College 5	5+	7	'each	er			De	pt.	of Edu	cati	on	
17. FATNER'S NAME (First, Middle, Last)				HT-12011		18. MOTN	ER'S NA	ME (First, Mic					
Benjamin Holmes								osa Tr					
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	AOORES	S (Street s	and Number				n, State, Zip (	Code)		
Dr. Jesse T. Ho	1mag											D 21216	
294 METHOD OF DISPOSITION	TITIES	20b, PLACE					Str		7			D 21216	
1) Buriel 2 - Cremetion 3 - F		cemetery, cr	rematory or o	ther place	)			OATE		CATION — C			
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE		- Arbu	lemor	emorial Park 7/28					Baltimore County, MI				
21. SIGNATURE OF FUNEBAL SERVICE	D	22. NAME AND ADDRESS OF FACILITY Nutte 2501 Gwynns Falls Par						er Funeral Homes, Inc					
1 geom	, farte			1 4	2501	Gwyni	ns F	Talls arvlan	Parla	vay			
23. PART I. Enter the diseases, ahock, or heart fellu	or complications the	at coused the d	eeth. Do	not enter	r the mo	de of dylr	ng, suc	h aa cardia	c or reap	iratory arre	at,	Approximata	
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. MUIT			PHY:	Pail	une						Interval Batween Onset and Deati	
Sequentially list conditions,	- Hyp	PYTENS	CION									YEMS	
if any, leading to immediate	DUE TO	(OR AS A CONSE	EOUENCE O	IF):		1.							
CAUSE (Disease or injury	a Non-	OR AS A CONSE	nde	perx	den	t dir	abet	es m	ellit	US	YEAVS		
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
resulting in death) LAST	d												
PART II. Other eignificent condi-	tione contributing to	death but not	regulting	In the u	nderivin	O COURA O	iven in	Part I	4a. WAS AN	ALITOPSV	245 W	PERE AUTOPSY FINDINGS	
Asthma			· · · · · · · · · · · · · · · · · · ·			a y			PERFO		A	VAILABLE PRIOR TO OMPLETION OF CAUSE	
PSIMMP				-				_	YES 2	NO I		F DEATH?	
											1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DE	EATN (Ch	eck only one)					
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 Res	sidence	6 Other	Specify)				
27. MANNER OF DEATN	26a. DATE OI		28b. TIA	E OF	26c. INJ	JURY AT				INJURY OCCI	JRED		
1 Natural 5 Pending		Day, Year)	IN.	JURY M	_	ORK? YES 2 [	NO						
2 Accident Investigation	26a, PLACE C	OF INJURY — A1 h	ome, ferm.	street, fac				281 LOCAT	ION /Street	and Number o	r Pumi Pou	de Number	
3 Suicide 6 Could not determined	pullding	etc. (Specify)	,		, 01110			City or	Town, State	)	r murali mou	no ivornos,	
on continue													
	YYSICIAN: To the best o												
one) 2 MEDICAL EXAM	MINER: On the basis of a	xamination and/or	r investigati	on, in my	opinion, c	leath occur	ed at the	1ime, date a	nd place, ar	nd due to the	cause(s) a	nd manner as stated.	
296. SIGNATURE AND TITLE OF CERTI	FIER					29c. LICE	NSE NUI	MBER		29d, DATE	SIGNED /A	fonth, Day, Year)	
Roding & David	MD											23, 1993	
	7 1.1.									100	- 0	2110	

A COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY

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1	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicis	nours after death. Page 6 may be retained by the hospital or attending physicial
<	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti	d in by the funeral director, page 5 should be detached for use as the burial-ti
-	in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	or removal,
	WINDOTANT If them 20 is married as them 22 shound said inferes on other formation arrest the married as	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t

S. Mirza, M.D.

31. DATE FILED (Month, Day, Year)

JUL 29 1993

			STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH	AND MEN		E	93 2214		
	į	1. DECEDENT'S NAME (First, Middle, Last) Samuel Toliver		CERTIF	ICATE O	F DEAI	2. [	PATE OF DEATH DATE OF ULY 24,	1993	3. TIME OF DEATN 12:05 P M		
		4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In	yrs. lest birthdey) YRS.	IF UNDER 1 YEA		24 HRS. 7. D	MATE OF BIRTH Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
202	HOL	98. FACILITY NAME (# not institution, give street  Maryland General RESIDENCE OF DECEMENT			96. CITY, TOW Balt:	More	N OF DEATH		9c. COUNTY OF DEATN			
DIBECTOR		10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN ORLD	ATION			10d. INSIDE LIMITS			
FINEDAL	NEMAL	301 m c m eco	hen St			2/2			4.	N OF WHAT COUNTRY?		
2	6	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN B.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE Black Specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Yes or No—If yes yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes, specify Yes or No—If yes yes, specify Yes or No—If yes yes, specify Yes or No—If yes yes, specify Yes or No—If yes yes, specify Yes or No—If yes, specify Yes or No—If yes yes, specify Yes or No—If yes yes, specify Yes or No—If yes yes yes yes yes yes yes yes yes yes										
MDI FTE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use potited.)  Characteristics (Give kind of work done during most of working life. Do NOT use potited.)  17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)											
E H		17. FATNER'S NAME (First, Middle, Last)  BENT AMIN  10. NEODWAY TO AMERICA	Toliva	7		Do	LLY	Irst, Middle, Maiden	1150	N		
	9 Shirley Thomas Sold 720 Lenglere AVE, Golds borough N											
		1 Buriat 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State cemet	ACE AND DATE	ther place)	2 hg 1	S OF FACILITY	DATE 20c. LOC	esta a	WN C , M. J		
-		23 PART I Frier 12 diseases or any	Lasher	7	Loc	les Fr	neral	Home.	1304	r. Central go		
t, lite illeur		23. PART . Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	carcinoma	n IIna.						t, Approximate Interval Between Onset and Death		
NC		DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):										
RTIFICATION		if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Respirato DUE TO (OR AS A CO	ry fail	ure							
	5	PART II. Other significant conditions of	ontributing to death but	not resulting	n the underly	ng cause gi	ven in Part	i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
MEDICAL								1 TYES 2		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO		
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ent 3 🗆 DOA	OTHER:		ATH (Check on					
ВУ РНУ		27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident treasignation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	M 1	JURY AT YORK?	28d.	DESCRIBE HOW IN	JURY OCCUP	RED		
		3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY — building, etc. (Specify)					LOCATION (Street as City or Town, State)		Rural Route Number,		
COMPLET		2 MEDICAL EXAMINER: O	I: To the best of my knowled in the basia of axamination a							ause(s) and manner as stated.		
TO BE		29b. SIGNATURE AND TITLE OF CERTIFIER Swiller M  30. NAME AND ADDRESS OF PERSON WHO CO	man eten cause of	MD	0	29c. LICEN	ISE NUMBER			Igned (Month, Day, Year) Ly 24, 1993		

D. c/o Maryland General Hospital

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - REGISTRAR	CE	ERTIF	CATE C	F DEATH	1		EG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, Lest)	F-1 0 1				2	. DATE OF D	EATH			3. TIME OF DEATH
	MARTHA E.	TELAK					MONTH	2 8	9	YEAR	1241 PM
1000	4. SOCIAL SECURITY NUMBER 212226699 1  1  1 M	e. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA		HRS. 7.	DATE OF BO		_	6. BIRTH Country	
	9e. FACILITY NAME (If not institution, give street and n	number)		9b. CITY, TOW	N OR LOCATION	OF DEAT	8 20	4 04	,=	NLA OE DI	timore, Md.
DIRECTOR	Good Samarartan Hosp.			Baltim				9c. COO	NIT OF DI	EAIH .	
E C	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION						10d, INSIDE CITY
	Md.			Baltim						LIMITS?	
₹.	10e. STREET AND NUMBER				10f. ZIP CODE		_		10g. CITI	IZEN OF W	THAT COUNTRY?
Ä	7008 Marietta Ave.				2123	4				USA	
BY FUNERAL	1 Never Married 2 A Merried FOR	DECEDENT EVER IN U.S. AR CES? 1 YES 2 N ES, GIVE WAR OR DATES	MED IO	If yes	HISPANIC ( Mexican, P Specify:	IC ORIGIN? (Specify Yes or No — 14. RACE — Black, 1				— American Indian, , White, etc. γ: 1 te	
	15. DECEDENT'S EDUCATION	16- DE	CEDENTIE	USUAL OCCUP	ATIRAL		T 401 1/01				rte
TO BE COMPLETED	(Specify only highest grade completed Elementary/Secondary (0-12) College	most of working		160. KINE	OF BUSI	NESS/INC	DUSTRY				
嗎	12th						Le	gg Ma	ason		
8	17. FATHER'S NAME (First, Middle, Last)				- 1		(First, Middle,	Maiden S	umame)		
8	Andrew Fabizak					nknov			10		
0	19e. INFORMANT'S NAME (Type/Print)				et end Number or						
	Alexander M. Telak	/	_		a Ave.	Balt		100		_	
	20a. METHOD OF DISPOSITION  XX Buriel 2 Cremation 3 Ramoval from	State 20b. PLACE A	ND DATE O	F DISPOSITION	(Neme of		OATE 20c. LOCATION — City or Town			77.70.70	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gaerd	commetory or other places come come come come come come come come					7/31 Baltimore, M			Md.
	Macla Co	abene)		172	J. Wel			401 (	T. 01-		
	23. PART I. Enter the diseases, or complica	tions that caused the de-	ath. Do n	ot enter tha	mode of dving	such a	e cardiac o	TUL S	otory an	ester	Approximata
	shock, or heart failure. List only iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardrop	nl	mma	ry a	neo	X		,		interval Between Onset and Death
NOI	Sequentially list conditions,	DUE TO JOH AS A CONSEQ DUE TO JOH AS A CONSEQ	requence of: Vislasi Sislasi								
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQ	UENCE OF	k (	/						
ERT	resulting in death) LAST										
7	PART II. Other significant conditions contrib	outing to death but not re	eaulting is	n the underly	ing cause give	en in Par	t i. 24a.	WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL				- H. A.S.				PERFORM			AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: ME											1 - YES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL										
<u> </u>	EXAMINER? HOSP			OTHER:	PLACE DF DEAT						
¥		. DATE OF INJURY	28b. TIME		ome 5 Resid						
BY P	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJL	IRY	WORK?		d. DESCRIBE	E HOW IN.	JURY OCC	CURED	
	3 Suicide 8 Could not be determined	PLACE OF INJURY — At hor building, atc. (Specify)	M 1 YES 2 NO  me, farm, street, factory, office 21				I. LOCATION City or Tow	(Street en n, State)	d Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2										and manner ea stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	rand			29c. LICENS	397	4		29d. DATE	E SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLE	Caven S		Print)		B	alti	mo	re,	no	1 21239
5	31. DATE FILED (Month, Day, Year)  JUL 2 9 1993	REGISTRAR'S SIGNATURE	M.			1-	-00			,	Q - V - V

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained bygin, pospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ahours the director to as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitied. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

S.

140.57

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MA	CERTIFI	CATE OF D	EATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) ALICE TUBLEY					2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH  93 5:48 Am
4. SOCIAL SECURITY NUMBER 236-05-9787	1 - M 2 D-F	AGE tin yrs. last birthday) YRS.		F UNDER 24 HRS.	7. DATE OF BIRTH (Mg/th, Day, Near)	8. BIRTHPLACE (State or Foreign Country) URG/N/A
90. FACILITY NAME (If not institution, give str Union Memorial Ho: RESIDENCE OF DECEDENT			Balti	more Cit		OUNTY OF DEATH
	JIMOR	10c. CITY	TOWN OR LOCATION	N		10d. INSIDE CITY LIMITS? 1 - YES 2 NO
120 / MARLYN	AVE		10f. Zi	21221	10g. C	CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced		EVER IN U.S. ARMED  YES 2 NO R OR DATES	If yee, specif	DENT OF HISPANII by Cuban, Mexican, NO Specify:	CORIGIN? (Specify Yes or No- Puerto Rican, atc.)	14. RACE — Americen Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of w	USUAL OCCUPATION work done during most of a retired.)	of working	16b. KIND OF BUSINESS/	INDUSTRY
17. FATHER'S NAME (First, Middle, Lest)	ES		14	A. MOTHER'S NAM	E (First, Middle, Malden Sumame	gan (
190. INFORMANT'S NAME (Type/Print) MRS. HARRIS		19b. MAILING 1201	MARLYN	Number or Rural Ro	BACTIO, MD	Zip Code) 2/22/
20e. METHOD OF DISPOSITION 1 Surfet 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		206. PLACE AND DATEO	1 Codow	MEM PK	OATE 200-LOCATION	- City or Town, State KLEY, W. OIRGINIA
21. SIGNATURE OF FUNERAL SERVICE LICE	wheth c	FSP # 281	22. NAME AND	ADORESS OF FACE	in Home R.	TIMORE, M) 21217
			1 200 1 000 1	N. IVION	nu si, DAL	TIMORE M) 21217
23. PART I. Enter the diseases, or co shock, or heart fallure. L	omplications that	caused the deeth. Do no	ot enter the mode	of dying, auch	as cerdiec or respiratory	arreat, Approximate
23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Levite	caused the deeth. Do no	LMONAR Lystem	of dying, auch 4 EMB0	as cerdiec or respiratory	
IMMEDIATE CAUSE (Final disease or condition	DUE TO (C	DO DO DO DO DO DO DO DO DO DO DO DO DO D	ot enter the mode  LMONAR  SEPSEM  :  ENCEPH  ):	of dying, auch 4 EMBC	as cerdlec or respiratory	Approximate interval Between Onset and Death
Shock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (C	PR AS A CONSEQUENCE OF	ot enter the mode  LMONAR  System  ENCEPH  D:	of dying, such 4 EMBO WELL ALOPA	as cerdlec or respiratory	Approximate interval Between Onset and Death  3 w K S
Shock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (C)  DUE TO (C)  DUE TO (C)  COntributing to de  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTION (C)  CONTRIBUTI	Caused the deeth. Do no pon each line.  Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put	ot enter the mode  LMONAR  System  CEPIT  in the underlying co	of dying, such Y EMBO COULT A C OP F	art I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	Approximate interval Between Onset and Death  3 WK S  Few Wolf  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Shock, or heart tailure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST  PART II. Other significant conditions  IDDM COMPANIENT  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	Caused the deeth. Do no pon each line.  Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put Annual Put	ot enter the mode  LMONAR  STATEMENT OF THE MODE  26. PLAC  OTHER: 4 □ Nursing Home :  10 □ VES  WORK 1 □ VES	of dying, such  Y EMBO  CUCLO  A C ) P F  euse given in P  E OF OEATH (Chec	art I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	Approximate interval Between Onset and Death  3 WK S  Few Molecular  24b. Were Autopsy Findings Americal Eprior to Completion of Cause OF Death?  1 Yes 2 No
Shock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditiona  IDDM CO  PART II. Other significant conditiona  IDDM CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   2   NO  27. MANNER OF DEATH  Netural   5   Pending Investigation   Suicide   6   Could not be determined  29e. CERTIFIER (Check only)	DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	caused the deeth. 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WAS AN AUTOPS PERFORMED?  1 YES 2 NO  Other (Specify)  28d. LOCATION (Street and Numicity or Town, State)	Approximate interval Between Onset and Death  3 wks  Rew Moule  24b. Were autopsy findings Amalable Prior To Completion of Cause Of Death?  1 Yes 2 No  Documed
Shock, or heart failure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditiona  IDDM CO  PART II. Other significant conditiona  IDDM CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   2   NO  27. MANNER OF DEATH  Netural   5   Pending Investigation   Suicide   6   Could not be determined  29e. CERTIFIER (Check only)	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  COntributing to di  (N D N N  HOSPITAL:  10 Inpatient 2 = 2  28e. DATE OF In  (Month, Day,  28e. PLACE OF building, et	caused the deeth. Do no pon each line.  Proposed the consequence of the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed the proposed th	ot enter the mode  LM () NAC  STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	of dying, such Y EWBO COULD A COPF  Buse given in P  E OF OEATH (Chec	art I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  Nonly one)  Other (Specify)  28d. DESCRIBE HOW INJURY Of Town, State)  othe cause(e) end menner ee a me, date and place, end due to	Approximate interval Between Onset and Death  3 wks  Rew Wolfer  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DOCCURED  ber or Rural Route Number,

10 THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUL 2 9 1993





TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

YGIENE	03	22	
EG. NO.	33	661	1
	7		

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	IEALTH AND	MENTA	L HYGIEN	IE	93	22150		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEATH		
	HARRY CLIFTO	ON WALT	ERS, Sr.			Ju1			93	M		
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)			ACE (State or Foreign		
	231-30-3003	1 X M 2 - F	65 YRS.	ATTIS DATE	HOURS MIN.	Aug		927	* * *	irginia		
~	9s. FACILITY NAME (If not institution; give street	et and number)	9b	CITY, TOWN	OR LOCATION OF	DEATN		9c. COUNT				
2	St. Agnes Hosp:	ital		Balt	imore				_			
E C	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10	d. INSIDE CITY		
占	Maryland			Balti	moro					LIMITS?		
A	10s. STREET AND NUMBER				ZIP CODE			10g. CITIZE		T COUNTRY?		
FUNERAL DIRECTOR	4018 Woodridge	Road			21229	)			USA			
5	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN	17 (Specify Ye	s or No— 1	. RACE -	American Indian.		
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO II yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 Never Married 2 Married FORCES? 1 YES 2 NO II yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8th Grade  Assembly Line Worker General Motors Corp  15. Mother's NAME (First, Middle, Last)  16. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use refired.)  Assembly Line Worker General Motors Corp  15. MOTHER'S NAME (First, Middle, Maiden Surname)											
2	8th Grade	College (1-4 or 5+)			o Mork		Conor	co 1 M	0 t	s Corp.		
S S	17. FATHER'S NAME (First, Middle, Last)		Assembl	. y 1/1/1	18. MOTHER'S N				3601	s corp.		
BE C	Solomon Walters	5					Waddy					
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rura	Route Num	ber, City or Tox	rn, State, Zip C	ode)			
F	Mattie B. Walte	ers	4018 W	loodri	dge Ro	ad	Ba	Ltimo	re,	MD 21229		
	20a. METHOD OF DISPOSITION 1 □XBurlai 2 □ Cremation 3 □ Remova		PLACE AND DATE OF D	SPOSITION (Na				CATION - CH				
	4 Donation 5 Other (Specify)	MD	Veteran C	em/ Ga	rrison	17/2	7 Ow	ings M	ills	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	11-	22. NAME AN	D ADDRESS OF F	ACILITY N	Intter	Funer	al H	omes, Inc.		
	· Ement R.	Terry	nutter	2501 G  Baltin	wynns F ore, Ma	alls rylan	Parkwa d 21	216				
	23. PART I. Entar tha diseeses, or con ahock, or heart failura. Lis	inplicationa that caded	the death. Do not	entar tha mo	da of dylng, su	ch as cere	diac or reap	iratory arrea	it,	Approximata		
	IMMEDIATE CAUSE (Finei	, , , , , , , , , , , , , , , , , , , ,	on me.							intarval Batween Onset and Death		
	disease or condition resulting in death) e	hemop	CONSTQUENCE OF):							24 hrs.		
										S 10 -		
o l	Sequentially list conditions, b.	SQC CO 1	CONSEQUENCE OF:							710 yrs.		
¥	if any, leading to immediate cause. Enter UNDERLYING		,							i		
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
AL C	PART ii. Other significant conditions of	contributing to death bu	t not resulting in th	e underlying	Ceuse olven in	Part i	24a, WAS AN	ALITOPEV	245 W	RE AUTOPSY FINDINGS		
5		18. 1957.1					PERFO	RMED?	AM	AILABLE PRIOR TO MPLETION OF CAUSE		
유						- 1	1 TYES 2	. ™NO	OF	DEATH?		
2						—			11	YES 2 ANO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF DEATH (C	heck only on	ea)					
Sic	EXAMINER?  1 YES 2 NO 1	OSPITAL:  Inpatient 2 ER/Outpat		HER: Nursing Home	5 - Residence	5 □ Othe	r (Specify)					
É	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ				NJURY OCCU	RED			
β	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specifi	At home, farm, streety)	t, tactory, office		28t. LOC	ATION (Street or Town, State)	and Number or	Aural Rout	Number,		
COMPLETED	29a. CERTIFIER (Check only one)											
Į	2 MEDICAL EXAMINER: (	On the basis of examination	and/or investigation, in	my opinion, de	eath occured at the	e time, data	and place, ar	d due to the d	euse(s) an	d menner es stated.		
BE (	2912 SIGNATURE AND TITLE OF GERTIFIER	7			29c. LICENSE NU	IMBER		29d. DATE S	IGNED (Mo	onth, Day, Year)		
P P	(	-			DYI	73	7	1	-26	-93		
	30. HAME AND ADDRESS OF PERSON WHO C	JUMPLETED CAUSE OF DEAT				1	4.5	D 1		10		
, 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	Ulm. Divise	00 0	ohar Ho	plan	Hosp	. Bal	4.1	10 21205		
10	JUL 29 1993 4	dia Davidson B	ONE									

ı	-	FOR STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE UF M	ARYLAN	D / DEPAR CERTIF					IENTA	L HYGIE REG. N			FFIOI	
1. DECEDENT'S NAME (First	, Middle, Lest)			Ti.		-				OF DEATH			3. TIME OF DEATH	
Dolores		Theresa			BER				July		24, 19	93	5:45 p M	
4. SOCIAL SECURITY NUME 219-07-05		5. SEX 1 M 2 X F	6. AGE (In yr 73	s. lest birthday) YRS.	IF UND	B DAYS	HOURS 24	MIN.	(Mon	OF BIRTH	1010	Count		
9a. FACILITY NAME (If not in		- 11			9b C	TV TOWAL	OR LOCATION	L OF DEA		ıg.20,			d.	
Franklin S	Sa. Hos			Rossville						Baltimore County				
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y. TOW	OR LOCAT	ION						10d. INSIDE CITY	
Md.		Baltimo	re	10c. CITY, TOWN OR LOCATION Mic					dle	River	LIMITS?			
10e. STREET AND NUMBER	2 F Al	der Dr.				101	ZIP CODE	2122	20		WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Divo	EVER IN U.S YES 2 R OR DATES	<b>™</b> O	1	If yes, sp	ENDENT OF ecity Cuben, 2 NO	Mexican,		N? (Specify Y Rican, atc.)	ea or No	14. RACI Black Spec	E — American Indian, k, Whita, atc. #y: White			
	EDENT'S EDUCA y highest grade of		164	DECEDENT'S	USUAL	OCCUPATION	ON .		166	b. KIND OF B	USINESS/INI	DUSTRY	WIIICC	
Elementary/Secondary (0 8 YIS.		(Give kind of allife. Do NOT us MQT.			st or working			L	uskin	S				
17. FATHER'S NAME (First, M.	iddle, Last)						16 MOTHE	B'S NAM	E (Cirot	Middle, Maide	o Cumamal			
		Andrew	J. Bo				An	na	Μ.	Rode	ert			
Mr. George				19b. MAILING						altim			21207	
20q. METHOD OF DISPOSITI	ION	rail from State		ACE AND DATE	OF DISP	OSITION (Na	me of		DAT	E 20c. L	OCATION —	City or To	own, Stata	
4 Donation 5 Other	(Specify)		St	steph	err"	₹,C.	Churc	h Ce	em.	7-28-	93 B	rads	haw, Md.	
21. SIGNATURE OF FUNERAL	/						Bela						neral Home 21087	
23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure, Li	Cong	e on each estiv or as a co	e Hear	t Fa			g, such	as car	diec or ree	piratory en	reat,	Approximate intervei Between Onset and Death	
Sequentially list conditi if any, leading to immed				pathy nsequence of:										
cause, Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	ry c.	DUE TO (C	OR AS A CO	NSEQUENCE OF	F):			<u></u>	_					
PART il. Other significe	nt conditione	contributing to d	eeth but n	ot resulting	in the	undoelsie.		un in D				T		
							, codse giv				IN AUTOPSY DRMED? 2 M NO X	240	WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
									_					
25. WAS CASE REFERRED TO EXAMINER?  1 ☐ YES 2 ☑ NO	1	HOSPITAL:	FB/Outpatier	₩ 3 □ DOA	отн	ER:	ACE OF DEA							
27. MANNER OF DEATH		28a. DATE OF II		28b. TIM		28c, INJ	● 5 🗆 Resid			SCRIBE HOW	INJURY OC	CURED		
240	Pending Investigation	(Month, Day	(Year)	INJ	URY	WO	RK7 rES 2   1			V 0.111011		OUNCE		
3 Suicide 6	Could not be	28e. PLACE OF building, et	INJURY — A	U home, ferm, s	street, fa			-	28f. LOC City	CATION (Street or Town, State	t and Number e)	or Rural F	Route Number,	
		AN: To line best of m											i) and manner as stated.	
29b. SIGNATURE AND TITLE				IT S						p.200, (				
Bur 95	mlertin		D				29c. LICENS		EH.		29d. DAT	7/2	(Month, Day, Year)	
30. NAME AND ADDRESS OF Bruce Higin						are I	rive.	Bai	lti:	nore.	Marv1	and	21237	
					1		9	,			ALVOL V L	4/1144		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, ceremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HUSPITAL OF ALTENDING PHYSICIAN: The law requires that the death certinicate be executed writhin 24 his TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the n

93 22152 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VIRGINIA WEISMAN 1993 JULY 7:15 рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 03/26/1906 DAYS 87 214 12 3901 A 1 M 2 X F North Carolina 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKIN HOSPITAL CITY BALTIMORE CITY BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1503 Patapsco Street 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 TYES 2 NO Specify: 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple entary/Secondary (0-12) College (1-4 or 5+) 8th Grade Seamstress Clothing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Smith John R. Florence V. Massey BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John G. Webb 6216 Pinehurst Road Baltimore, Maryland 21212 20e. METHOD OF DISPOSITION
1 N Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State competery, cremetory or other place)
Holy Cross Cemetery 7/30 Baltimore, Maryland KTURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. ar 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or heert failure. List pniy one ceuse on eech line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease Dr condition resulting in death) CERTIFICATION Sequentially list conditions. if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 OF DEATH? OF DEATH? PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT 28e. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCURED 1 Diatural

29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time one)  2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion.		
296. SIGNATURE AND TITLE OF CERTIFIER  M.D. Mo 239	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)  \$\frac{7}{27/82}\$

28e. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify)

1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) stishnan

281. LOCATION (Street and Number or Rural Route Number, City or Town Seria)

and the same

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	SUL	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	RTMENT (	OF H	EALTH AND DEATH	MENT	AL HYGIE REG. N			44100
	1. DECEDENTIS NAME (First, Migdle, Last)							MON	E OF DEATH		1993	3. TIME OF DEATH S.50 PM
	4. SOCIAL SECURITY NUMBER  217-66-3626  9a. FACILITY NAME (If not institution, give st	5. SEX 8.	AGE (In yrs. ia:	st birthday) YRS.		MYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF I	7. DAT	E OF BIRTH	37	8. BIRTHI Country	PLACE (State or Foreign
TOR	St. Agnes Hospi				Balti			DLAIT.		<b>96.</b> 000	III OF G	AIH
DIRECTOR	Md .				ry, town or i ltimor		ON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1705 Harman A	ve.				101.	21230	•			USA	HAT COUNTRY?
В	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 3 Never Married 3 Never Married  1 Never Married 4 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 6 Never Married  1 Never Married 7 Never Married  1 Never Married 8 Never Married  1 Never Married 9 Never Married  1 Never Married 1 Never Married  1 Never Married 1 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 1 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 2 Never Married  1 Never Married 3 Never Married  1 Never Married 3 Never Married  1 Never Married 4 Never Married  1 Never Married 2 Never Married  1 Never Married 3 Never Married  1 Never Married 4 Never Married  1 Never Married 4 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 5 Never Married  1 Never Married 6 Never Married  1 Never Married 7 Never Married  1 Never Married 7 Never Married 8 Never Married  1 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never M									- American Indian, White, atc. y: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	live kind of . Do NOT u	USUAL OCCL work done duri se retired.)	ng mos	t of working	16	b. KIND OF B	USINESS/INO	USTRY	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
) BE	Benjamin F.  19a. INFORMANT'S NAME (Type/Print)	Wortman	19	b. MAILING	ADDRESS (S	treet an	Doris  Id Number or Rura				Code)	_
2	Doris L. Wortma	an					. Balti					
	20e. METHOD OF OISPOSITION 1 (X Burlel 2 Cremation 3 Remo	RESERVE MILE	cometery, cre	AND DATE	of disposition of the place)	ON /Nen	na of		TE 20c. L	ocation — d Doklyn	Hty or Tov	
	21. SIGNATURE OF CHARMAL SERVICE LIC	L. Kon	Ima	ng .	Gar	y L	ADORESS OF F . Kaufr Main St	man F	Ikrid	hM or	2	1227
	23. PART I. Enter the diseases or cehock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	TERMI	N/1 L	Item	ATIC	e mod	le of dying, su	ch ee ca	rdiec or ree	piratory arre	est,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditions,		AS A CONSEC									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEC									
	PART II. Other aignificent conditions	. contributing to de	eth hut not e	on dilina	le the male	els de e		- D 1	T			
PHYSICIAN: MEDICAL	HOS						Couse given in		24a. WAS A PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH (C	heck only o	nne)			
14SI	1 ☐ YES 2 ☑ NO  27. MANNER OF DEATH	1. Inpatient 2 □ ER			4 - Nursing		5 Residence					
BY PI	2 Accident Investigation M 1 YES 2 NO											
ETEO	20 DI ACE OF IN HURY As beautiful to											
COMPLETED	2 MEDICAL EXAMINER	CIAN: To the best of my										and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		PICAL .		•		29c. LICENSE NU	IMBER		29d. DATE	SIGNED (	Month, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WHO	GULINAN	F DEATH (ITER	4 27) (Type,	Agner	#	oyo.	BALT	0,00	LI:	228	
7	31. DATE FILED (Month, Day, Year)	Site Dans	SIGNATIONE	Me.								-

rit. Pages 1, 2, 3 should

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Catherine L. Wilson	TE OF DEATH	3. TIME OF DEATH
		26 9 9	BIRTHPLACE (State) or Foreign
	212-16-3327 1 M 2XF 84 YRS. MONTHS DAYS HOURS MIN. (A)	ontil, Day, Yelr)	Country M
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN	9c. COOYTY	OF DEATH
СТОВ	Manor Care N.H. 7001 N.Charles St.	12.	2/10
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	ma Dalto		1 TES 2 NO
FUNERAL	TOD N. Charles st. 20204	10g. CITIZEN	of what country?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, apacity Cyban, Markean, Puert  13. Wildowed 4 Divorced  12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify:  13. Was DECEDENT OF HISPANIC ORION 14. WAS DECEDENT OF HISPANIC ORION 15. YES 2 NO Specify:	SIN? (Specify Yea or No— 14. to Rican, atc.)	RACE — American Indian, Black, White, etc. Specify: Black
E	(Speciny only highest grade completed) (Give kind of work done during most of working	6b. KIND OF BUSINESS/INDUST	RY
COMPLETED	Elementary (3-constary (0-12) 4 College (1-4 or 5+) life. Do NOT use selfred.)		
NO.		t, Middle Majden Surname)	
BE	George McMechen Hnna	11950	2
5	19b. MAILING ADDRESS (Street and Number or Rural Route Nu	imbery City or Toyling Spate, Zip Go	andalstr 1
	205 PLACE AND DATE OF DISPOSITION (Narifag)	ATE 20c. LOCATION - CHY	or Jown, State
	4 Donation 5 Other (Specify) can'l [a] Templery or otherwise [Specify]		its, nd
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H -W es	+ 1200 Wah	ach Ava
	C fair That		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as ca shock, or heart failure. List only one cause on each line.		interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Acute Vice spreafact Fq. / Lux  Due to (or as a consequence of):	4.	Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):		
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):		
CERTIFICATION	cause. Enter UNDERLYING		
Ţ	CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST		
CER	d.		
AL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL	Deales Well 1 to	1 - YES 2 - NO	COMPLETION OF CAUSE OF GEATH?
: ME	Congestive Heart Failure.		1 TES 2 HO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only	one)	
$\subseteq$	EXAMINER?  1 YES 2 100  1   Input legt 2   FR/Outpet legt 3   DOA   A   March Name 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Dockton 6   Doc	her (Specify)	
YS	1 PES 2 -40 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Mursing Home 5 Residence 6 Ott		
PHYSICIAN:	27. MANNER OF DEATH  28e. OATE OF INJURY (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War) (Month, Day, War)	ESCRIBE HOW INJURY OCCUR	ED
BY	27. MANNER OF DEATH  28. OATE OF INJURY (Morith, Day, Year)  28b. TIME OF WORK?  WORK?  1 Ves 2 NO  26b. PLACE OF INJURY At work?  1 Ves 2 NO  26c. PLACE OF INJURY At home, farm, street, factory, office	ESCRIBE HOW INJURY OCCUR	
ВУ	27. MANNER OF DEATH 27. MANNER OF DEATH 28. OATE OF INJURY (Morith, Day, Year) 26b. TIME OF INJURY WORK? 1 Pending Investigation 3 Suicide 8 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office 261. LC		
BY	27. MANNER OF DEATH  28. OATE OF INJURY (Morith, Day, Year)  28b. TIME OF INJURY WORK?  1 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  26a. PLACE OF INJURY — At home, farm, street, factory, office  26b. TIME OF INJURY — 26b. INJURY — 26b. INJURY — 26c. INJURY — 26c. INJURY — 26c. INJURY — At home, farm, street, factory, office  26c. CESTIBLED	ESCRIBE HOW INJURY OCCURI DCATION (Street and Number or F ty or Town, State)	
ВУ	27. MANNER OF DEATH  1	ESCRIBE HOW INJURY OCCUR DCATION (Street and Number or F ity or Town, State)	lural Route Number,
COMPLETED BY	27. MANNER OF DEATH    28. OATE OF INJURY (Morith, Day, Year)   26b. TIME OF INJURY WORK?   28d. OATE OF INJURY (Morith, Day, Year)   26b. TIME OF INJURY WORK?   1	CATION (Street and Number or Fifty or Town, State)  Cause(a) and menner as stated.  Ite and place, and due to the ca	lural Route Number, use(a) and manner se stated.  3NED (Month, Day, Year)
ВУ	27. MANNER OF DEATH  27. MANNER OF DEATH  28. OATE OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month, Dey, Near)  28. TIME OF INJURY (Month) (Month, Dey, Near)  28. TIME OF INJURY (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (	CATION (Street and Number or Fifty or Town, State)  Cause(a) and menner as stated.  Ite and place, and due to the ca	lural Route Number,
BE COMPLETED BY	27. MANNER OF DEATH  28. OATE OF INJURY (Morth, Day, Year)  29. Accident  3 Suicide 4 Homicide  29. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  20. CERTIFIER (Check only One)  21. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the certifier On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data	CATION (Street and Number or Fifty or Town, State)  Cause(a) and menner as stated.  Ite and place, and due to the ca	lural Route Number, use(a) and manner as stated.  3NED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-002

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending any TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burb filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should permit. use as the burial-transit hospital or attending physician. detached for Page 6 may be retained by the

funeral director,

death.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 86780,	TALL OR ATTENDING PHYSICIAN. The law requires that the cleath certificate be executed within tours after de-	VAL DIRECTOR: After this certificate has been signed by the attending physicien and completely litted in by the fi 72 hours after death with the State Dept. of Health and Mental Physices prior to burlist, cremation, or removal.

93 22155 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR 07 DAY 26 5:20 PM GLORIA ANN ANDREWS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9-1-48 215-52-1913 1 M 2 V F 44 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3022 CLIFTON PARK TERRACE BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3022 CLIFTON PARK TERRACE 21213 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EOUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe 12 TH College (1-4 or 5+) MANAGER K-MART once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) VERNON STEWARD BERNICE JACKSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KIM DAVIS 1933 30th STREET, BALTO., MD 21218 9 20a. METHOD OF OISPOSITION
1 Ø Burlat 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must DULANE Y VALLEY CEM. 730 BALTO. CO., MD 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE HICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the CUM Injuries diseese or condition event, resulting in death) braumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST b Injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE YES 2 NO shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

TYPE 2 NO 26. PLACE OF OEATH (Check only one) certificate the State or Rem OTHER:
4 \( \text{Nursing Home} \) 5\( \text{\text{}} \) Racidence \( 6 \) Other (Specify) HOSPITAL . Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a, OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK?

1 YES 2 NO 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 2 Accident
3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined .12 COMPLETED 4 Homicide 23 Item 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL WITHIN 72 STANTE II TO THE HOSPITA TO THE FLINERAL De filed within 72 IMPORTANT. II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE m. Min 07/26/1993 2 C.M.E.

Penn Street, Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KING

32 EGISTRAR'S SIGNATURE

HEODORE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
19	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			- 12	3. TIME OF DEATN
	Pearl M. Brown							монтн 0 7	26	1	993	510 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1 YEAR	IF UNDER	-	7. DATE OF I			8. BIRTN	PLACE (State or Foreign
1	335-20-2383	1 🗌 M 2 💢 F	93	YRS.	MONTHS DAYS	HOURS	MIN.	3/1	3719	900	Country	"Iowa
	9a. FACILITY NAME (If not institution, give a				96. CITY, TOWN	OR LOCATION	ON OF DE	ATN		9c. COU	INTY OF D	EATN
P.	Pickersgill R	etireme	nt Comm	n .	Tows	on				Ва	ltin	nore
띪	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		10c CIT	Y, TOWN OR LOCA	LION						404 Maine anni
DIRECTOR	Md. Ba	ltimore		-	owson							10d. INSIDE CITY LIMITS?
٦	10e. STREET AND NUMBER					. ZIP CODI				10a CIT	TZEN OF W	1 YES 2 NO
F /	501 B Castle Driv	ve				21212					SA	HAI COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. WAS DE	ENDENT O	F NISPAN	IC ORIGIN? (S	pecify Yea	or No-	14 RACE	— American Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	It yes, s	ecify Cube	n, Mexicar	n, Puerto Ricar	1, atc.)	07 110	Black	White, etc.
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COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE6	CEDENT'S	USUAL OCCUPATI work done during manager retired.)	ON est of working	10	16b. KIN	D OF BUS	SINESS/INI	DUSTRY	
<b>"</b>	Elementary/Secondary (0-12)	College (1-4 or 5			ol tea		•					
₹		year		CHO	OI CEA							
	17. FATHER'S NAME (First, Middle, Last) Albert Hayes Inv	z <b>i</b> n				18. MOTH	HER'S NAI	ME (First, Middle Sisl	e, Meiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	4.717	Lin								_	
2	Rosemary B. Geven	^			AODRESS (Street St Melro							210
					OF DISPOSITION (N		CHac	OATE			City or Ton	
	209. METNOD OF DISPOSITION  1. Burial 2 Cremation 3. Rem  4 Donation 5 A Other (Specify)	oval from State	Memetery, pren	rbref	nº Cemete	rv			Frai	nklin	n Par	k, Illinois
	21. SIGNATURE OF FUNERAL SERVICE LIC						SS OF FAC	lefeld				
	Thomas Josep							iereid id, Bal				1212
$\neg$	23. PART I. Enter the diseases, or o		t council the de-	ath Do								
	snock, or naert failure.	List only one cau	se on each line.	- CO 1	TOL BILLET LINE THE	da or dyi	ng, such	1 as cardiac	or respii	ratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		Tester	1	1 40	6	150	0 -				Onset and Deeth
	resulting in death)		(OR AS A CONSEO			700	110					il three
z	100 - 100 pt 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		,		,							İ
5	Sequentielly list conditions, If any, leading to immediate	OUE TO	(OR AS A CONSEO	UENCE O	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):							
CERTIFICATION		d										
7	PART II. Other significent condition	s contributing to	death but not re	sulting	In the underlyin	ceuse g	iven in i	Part i. 24e	. WAS AN		24b.	WERE AUTOPSY FINOINGS
DICAL	Hypertenion	hyp	othyro	idi	zun,	thri	m(	10	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	Sistrillation	H/0 0	divert	icul	ardis.	con	-		,			OF DEATH?  1  YES 2 NO
ž								_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF D	EATH (Che	ck only one)	-			
Si	1 TES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER:  Nursing Hon	e 5 🗆 Re	aldence (	6 Other (Sp	ecify)			
F	27. MANNER OF DEATN  1 Naturel 5 Pending	28a. DATE OF (Month, D		26b. TIM		URY AT		28d. DESCRIE	E HOW IN	JURY OC	CURED	
BY	1 Pending 2 Accident Investigation				M 1 🗆	/ES 2 [	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At hone etc. (Specify)	ne, ferm, a	etreet, factory, offic			28f. LOCATIO	N (Street a	nd Number	r or Rural R	oute Number,
<u></u>												
COMPLETED	29a. CERTIFIER (Check only one)											
§	2 MEDICAL EXAMINE	R: On the baels of e	xamination end/or in	rvestigatio	n, in my opinion, o	eath occur	ed at the t	time, date and	place, and	d due to th	ne cause(a)	and manner as stated.
BE (	296, SIGNATURE AND TITLE OF CENTIFIES	1	10			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	THO	my/1	dey,	M	)	D	25.	205		•		
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPRETEO CAU	SE OF DEATY (ITEM	27) (Type,	Print)							
	21 DATE SILED (Month Committee	d to										
1/\	JUL 3 0 1993	Julia David	RIG SIGNATURE	IL.								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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### STATE OF MADYLAND / DEDADTMENT OF HEALTH AND MENTAL MYSICHE

1 - STATE REGISTRAR	OITHE OF IN				DEATH	MENIA	REG. NO	D.			
1. DECEDENT'S NAME (First, Middle, Last) ROBERT JAMES		BAPTIS	TT 7\			2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
						07	28	199	3	5:00	Рм
4. SOCIAL SECURITY NUMBER 136-56-4099	5. SEX 1⁄2X M 2 ☐ F	6. AGE (In yrs. lest bit		UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH I, Day, Year) 26,	1957	Country	PLACE (State or Fo r) W Jersey	100
9e. FACILITY NAME (If not institution, give I#83 & 695	street and number)		91		on Location of Di thervill				tim		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	1	Oc. CITY, T	OWN OR LOCA	TION				T	10d. INSIDE CITY	
Pennsylvania	York			York						LIMITS? 1 ☐ YES 2 🏝	NO
100. STREET AND NUMBER 338 Reinecke Plac			10	1. ZIP CODE 17403	3		10g. CITI	US2	HAT COUNTRY?	F	
100. STREET AND NUMBER 338 Reinecke Place  11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. YES 2 NO 15 YES 2 NO 16 YES, OIVE WAR OR DATES 1976—1980								os or No—	14. RACE Black Specif		iffi,
16. DECEOENT'S EOL	JCATION	16a. DECEL	DENT'S US	UAL OCCUPATION	ON	16b.	KIND OF BU	JSINESS/IND	USTRY	White	-
(Specify only highest grade   Elementary/Secondary (0-12)   12	Coffege (1-4 or 5+)	Ille. Do	NOT use re	done during mo elired.) Civer	ost of working		Tran	sport	ation	2	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I					
Henry S. Baptista					Gerda	Skl					
190. INFORMANT'S NAME (Type/Print) Mrs. Sally J. Bar	tista			necke	nd Number or Rural			wn, State, Zip sylvai		17402	
20a. METHOD OF DISPOSITION		20b, PLACE AND				DAT		OCATION —		17403	
1 Buriel 2 Tremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Yorktown	ory or other	place)	7 /0	30/93				sylvamia	
21. SIGNATURE OF FUNERAL SERVICE LI	A L	B			owson Fu		l Home	e. Tne		050 York	
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С,	OR AS A CONSEQUE	NCE OF):								
PART II. Other algnificant condition	ne contributing to c	death but not resu	ulting in 1	he underlyln	g ceuse given in	Part I.	24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?	TO
25. WAS CASE REFERRED TO MEDICAL				80.						1 TYES 2 1	10
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA A	THED.	LACE OF OEATH (Ch			COEN			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, OATE OF I		sb. TIME O	F 28c. IN.	BURY AT DRK? YES 2 NO	28d. OES	CRIBE HOW	INJURY OC	CURED	(/AUTO	IMI
2 Accident 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF building, e	INJURY — At home, tc. (Specify)	form, stre		ia .	281. LOC I#8	ATION (Street or Journ, State 3 & # 6	95 B		oute Number, CO, MI	)
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of n	ny knowledga, dasth	occurred a	t the time, dete						) and manner as s	tated,
296. SUBJECT OF CENTURE AND TITLE OF CENTURE OF CENTURE	hee				29c, LICENSE NU	MBER E				(Month, Day, Year)	3
YANDAME AND ADDRESS OF PERSON WI	KORE W			,	reet, B	alti	more	, Ma	ryla	and 2	120
JUL 3 0 1993	32 REGISTRAII										

hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

THE THE STATE OF THE PARTY OF THE PARTY.

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATE	Ur	UEA	111	2. DATE OF MONTH	DA	W	-	ZZI 5
7	CATHERINE IRENE								JULY	28,1	1993		1:40 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDI	ER 24 HRS.	7. DATE OF (Month, De			B. BIRTHPLA Country)	MCE (State or Foreign
	217-09-2896	1 🗆 M 2 😿 F	87	YRS.	WOTH / TIP	JA. 8	HOURS	Mille.	MAR.		)6	MARY	LAND
	9a. FACILITY NAME (If not institution, give :				9b. CITY,	rown o	R LOCA	TION OF DE	HTA		9c. COUNT	TY OF OEAT	Н
DIRECTOR	CHAPEL HILL NURSI	NG HOME			R	AND	ALL	STOWN				BALTI	MORE
<b>E</b>	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION		-			10	d. INSIDE CITY LIMITS?
ā	MARYLAND					BA	LTI	MORE				11	YES 2 NO
AL	10e. STREET AND NUMBER					4	ZIP CO				10g. CITIZ	EN OF WHA	T COUNTRY?
E	101 OAKLEE VI	LLAGE					2	1229			U.S	S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1							IIC ORIGIN? (S		or No-	14. RACE — Black, W	American Indian, hita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DAT	ES				Specify		,, (())			WHITE
	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S	USUAL OC	UPATIO	ON at advant	ldes	16b. Kil	ND OF BUS	SINESS/INDU	STRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of Ille. Do NOT u	se retired.)	nng mos	st or won	ung	16				
COMPL	12TH GRADE			SALESPE	ERSON				DEI	PARTM	ENT S	TORE	
3	17. FATHER'S NAME (First, Middle, Last)						18. MO	THER'S NA	ME (First, Midd	lle, Meiden	Surneme)		
NE CE	ALBERT S. KINSEY								STAGO				
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a	nd Numb	er or Rural F	Route Number,	City or Town	n, State, Zip (	Code)	
	CHARLES E. KINSI	EY	-				-	- SHE	RWOOD	V			
	1 NBuriel 2 Cremation 3 Rem	XBuriel 2						DATE	100	CATION — C	ity or Town,	State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	UDON PA					17/30	BAI	TIMOR	RE			
	21. SIGNATURE OF FUNERAL SERVICE CI	110		1				TINER	AL HOM	F TN	C		
	17. Illa	loca	man	/					AVENUE			E MD	_ 21229
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A C	CONSEQUENCE O	F):								
CERTIFI	that initiated events resulting in death) LAST	d.	OR AS A	CONSEQUENCE O	PF):								
	PART II. Other algnificent condition	na contributing to	death but	t not resulting	in the und	ariying	cause	given in	Part I. 24	a. WAS AN			RE AUTOPSY FINDIN
SICAL	Athorschioti		oner		Vasc	.~/.	er d	Vise	~	PERFOR		CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATHS
MED	Paripheral V	10100/00		Direci	•						ap		YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF	OEATH (Ch	eck only one)				
S	1 TES 2 NO	HOSPITAL:	☐ ER/Outpet	tlent 3 DOA	4 Nursi	ng Hom	• 5 🗆 1	Residence	6 Other (S	pec/fy)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. TJR	ME OF STURY		URY AT	□ NO	28d. DESCR	BE HOW I	NJURY OCC	URED	
3 Suicide & Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOC									28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLI	299. CERTIFIER 1 CERTIFYING PHYS												nd menner ae stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIE  Roll J. M.	1	no				29c. LI	CENSE NUM	PP?	14	29d. DATE	SIGNED (M	onth, Day, Year)
2	DR. ROBERT L.					ם מ	DTTT	דמת ק	CUIPD CO	norm:			
	31. DATE FILED (Month, Day, Year)	22 REGISTR	AR'S SIGNAT	D T IN T D D	CENTE	K D	KIV.	E-KEI	STERS	LOWN	MD.	2113	36
5	JUL 3 0 1993	delia Kais	. 30	2 30									

man of affectioning physician.	d for use as the burial-transit permit. Pages 1, 2, 3 should	
מינים של היים ביים ביים ביים ביים ביים ביים ביים	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

1. DECEOENT'S NAME (First, Middle,	and Anthony	Joseph Bogg	ICATE OF		2. DATE OF DEAT	ГН	3. TIME OF I	EATH
4. SOCIAL SECURITY NUMBER	NY DO	19910				28	YEAR #	20 F
215-01-7615	1 M 2 F	6. AGE (In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	(Month, Day, Ye	2	8. BIRTHPLACE (State Country)  Md.	or Foreign
90. FACILITY NAME (If not institution, Meridian Nursi	ng Home- He	ritage	96. CITY, TOWN O			9c. COUN	ity of DEATH	
RESIDENCE OF DECEDEN  10a. STATE 10b. CO			ry, town on Locat Baltimor				10d, INSIDE LIMITS? 1 [XVES 2	
10a. STREET AND NUMBER	ood Avenue		10f.	21224			EN OF WHAT COUNTR	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE, WA	EVER IN U.S. ARMED  X. YES 2 NO R OR OATES	If yes, spe	ENDENT OF HISI scify Cuben, Mex 2 NO Spe	ANIC ORIGIN? (Special can, Puerto Rican, etc. cify:	y Yee or No—	14. RACE — American Black, White, etc. Specify:	Indien,
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give land of life. Do NOT us	USUAL OCCUPATION Work done during most retired.)  USUAL OCCUPATION WORK done during most retired.)	st of working	C		onk & Sea	L
17. FATHER'S NAME (First, Middle, Les Angelo Boggi 19a. INFORMANT'S NAME (Type/Print)	io	106 MAH MIO	Annues (e	Eme	IAME (First, Middle, M. Lia Giano Il Route Number, City o	tti		
Selma A. Bogg	io	117	N. Linux	od Ave.	Balto., A	ld. 2122	4	-
1 S Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	cometery, promotory or o	of DISPOSITION (National Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Prope	me of 7		Eastwood	olty or Town, State	
	ELICENSEE							
23. PART i. Enter the diseases,	b. Jul or complications that	caused the death. Do r	Charle	es S. Z	eiler & S	on Inc.	6224 Eastern	
23. PART i. Enter the diseases,	or complications that are. List only one cause a. Due To (c)  b. Due To (c)  c.	caused the death. Do re on each line.	22. NAME AN Charle not enter the mod	es S. Z	eiler & S	on Inc.	6224 Eastern est, Approximatery	imate i Betwe
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LOCATION (St. City or Town, St. Location (St. City or Town, St. Location (St. City or Town, St. Location (St. City or Town, St. Location (St. City or Town, St. Location (St. City or Town, St. City or Town, St. Location (St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or Town, St. City or T	S AN AUTOPSY SFORMED? SS 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	Eastern  St, Approximatery Onset  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1  YES 2	Y FINDING OF TO OF CAUSE NO

070	nhapio
71213-0020	Page 6 may be retained by the bosnital or attending observer
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	SUID

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND C		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	93 22160
	1. DECEDENT'S NAME (First, Middle, Last)  CHARIES	BRITTINI	SHA	m	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-22-6706	5. SEX 6. AGE (in yrs. la	2 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year)	6. BIRTHPLACE (State or Foreign Country)  MARYLAND
OR	9a. FACILITY NAME (If not institution, give st CHURCH HO	treet and number) SSPITAL	9b. Cr	TY, TOWN OR LOCATION OF I		COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	A	BALTI	OR LOCATION		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			10f. ZIP CODE	10g	1)_XYES 2 _ NO
FUNERAL	401 E. 25 th	street #2H		\$1218		NITED STATES
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2 √ IF YES, GIVE WAR OR DATES	RMED 1:	3. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxic  1 YES 2 NO Specific	ANIC ORIGIN? (Specify Yes or No can, Puerto Rican, atc.) http://	14. RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10 TH	College (1-4 or 5 +)		occupation of during most of working Gardener	16b, KIND OF BUSINES	S/INDUSTRY
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden Suma	me)
BE	JOHN H. BRITTIN		b. MAILINO ADDRE	SS (Street and Number or Rura	I Route Number, City or Town, Stat	ta. Vin Codes
2	CAROLYN FITZGER			the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	BALTIMORE, MD	
	20a, METHOD OF DISPOSITION 1 (A) Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from Stata 20b. PLACE cemetery, crit	AND DATE OF DISPO ematory or other place GREEN CF	OSITION (Name of	OATE 20c. LOCATIO	N - City or Town, Stata N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC		() 2	2. NAME AND ADDRESS OF F	ACILITY	E. NORTH AVE.
	23. PART J Enter the diseases, or c shock, or heart fallure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each line	a.	ar tha moda of dying, au	ch as cardiac or reapirator	y arreat, Approximate interval Between Onset and Death
NOI	Sequantially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CONSE	Spriate	or Pres	emonia	,
ERTIFICATION	cause. Entar UNDERLYING	C. DUE TO (OR AS A CONSE		Brain Syn	drome, Much	eple CVA
MEDICAL C	PART II. Other algnificant conditions	a contributing to death but not	resulting in tha	undariying cause givan ir	Part I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N	AMILABLE PRIOR TO
						1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ОТНЕ			
РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outpetient 3  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. thJury AT WORK?  1 YES 2 NO	8 Other (Specify)  28d. OESCRIBE HOW INJURY	/ OCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	oma, farm, atreet, fe		281. LOCATION (Street and Nu City or Town, State)	imber or Rural Routa Number,
OMPLETE		CIAN: To the best of my knowledge, de R: On the basis of examination and/or				a stated. to the cause(a) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		18	29c. LICENSE NU		DATE SIGNED (Month, Day, Year) 7/27/93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1993 Onth

director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VIEW RECORDS, F.C. BOX 65/05,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVIDION OF VITAL DECONDS,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at be filed within 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: If item 28 is marked, or item 23 shows any injury

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	1 - STATE REGISTRAR	STATE OF M					DEAT		REG. NO.		73	22161	
	1. DECEDENT'S NAME (First, Middle, La	181)							2. DATE OF OEATH MONTH DA	NY ,	YEAR	3. TIME OF DEATH	
	NATHANTEL		BURR						7 27		93		M
	4. SOCIAL SECURITY NUMBER 212-24-8566	5. SEX	6. AGE (In yrs. les 64	t birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1-6-29		8. BIRTH Countr	PLACE (State or Foreign y) VIRGINIA	
CHO	90. FACILITY NAME (If not institution, git 1510 W. MOSHER	STREET AP	T.MQ			, town o	ORE	ON OF DI		9c. COU	NTY OF O		^
DIMECI	10a. STATE 10b. COU			100	LTIM		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FHAL	100. STREET AND NUMBER 1510 W. MOSHEF	STREET	APT. MQ		It	101	212				J.S.A	WHAT COUNTRY?	
BT FUE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 V		100	II yes, sp			NIC ORIGIN? (Specify Yea in, Puerto Ricen, atc.) y:	or No—	Speci	E — American Indian, k, White, atc. #y: LACK	
IPLE I EL	15. DECEDENT'S & (Specify only highest gr Elementary/Secondary (0-12) 12th	EDUCATION rade completed) College (1-4 or 5 +	(G	ive kind of	USUAL O work done se retired.)		ON ost of worldi	ng	16b. KINO OF BUS	BINESS/IND	DUSTRY		
2	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Meiden	Sumame)			
ם כ	NATHANIEL BU	RRELL, JR.					1	FANN	IE JOHNSON				
0	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILIN	ADDRES	S (Street a	and Number	or Rural	Route Number, City or Town	n, State, Zij	Code)		_
=	JEAN LIFSEY			2206	E. 1	EAGE	R ST	REET	/BALTIMORE	, MD	2120	05	
	28a. METHOD OF DISPOSITION 1	lemoval from State	20b. PLACE / cemetery, cre VOSHE	matory or o	ther place)			ENS		CATION —			
	21. SIGNATURE OF FUNERAL SERVICE  Benned	D Johns	מס				MARCI						
	23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that re. List only one cause a.	caused the dese on each line	of	not enter	the mo	de of dy	ing, suc	ch as cerdiec or reapl	ratory ar	reat,	Approximete interval Betwee Onset and Deat	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO all 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one)

HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident
3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29e. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time date and place and due to the opinion.

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

Sul (	belew	MD		
NAME AND ADDRESS OF PE	RSON WHO COMPLETE	D CAUSE OF DEATH (ITEM 2	?7) (Type, Print)	
3834, CC	HISRA	RAITO	MD	2121

OUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

31. DATE FILEO (Month, Day, Year)

3 0 1993

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22162

								REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last						MON	OF DEATH	YE	EAR	TIME OF DEATH
	HARRISON BUT		Lance of the same of				0.				:05 A
	4. SOCIAL SECURITY NUMBER 214-26-5382	5. SEX 1) M 2 F	6. AGE (In yrs. lest	VRS. IF U	HB DAYB	HOURS MIN.	7. DATE	of BIRTH		BIRTHPLA Country) ARYL	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give		02		CITY TOWN	OR LOCATION OF D					
Œ			D			IMORE	EATH		c. COUNTY	OF DEATE	
DIRECTOR	603 BENNINGH		ע		DALI.	LMORE					
E	10a. STATE 10b. COUN	ITY		10c. CITY, TO	I M OR					,	I. INSIDE CITY
	MARYLAND			DALI							YES 2 NO
FUNERAL	603 BENNINGHAU	IS ROAD			10	7. ZIP CODE 21212					STATES
NE	11. MARITAL STATUS		NTÆVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGI				
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	1 NYES 2 N	0	If yes, a	B 2 NO Speci	an, Puerto			Specify: LACK	American Indian, hita, etc.
윤	15. DECEDENT'S EC (Specify only highest gra-	OUCATION de completed)	16a. DEC	CEDENT'S USUA	L OCCUPATI	ON ost of working	16	. KIND OF BUSIN	ESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) //0.	EMPLOY	ed.)						
MP	6TH  17. FATHER'S NAME (First, Middle, Last)		ONE	MILOI	LU						
_	WILSON R. BUTI	ER.SR.				CASTAN		Middle, Malden Su	mame)		
BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING ADD	RESS (Street	and Number or Rural			State. Zip Coo	del	
5	CLORA BUTLER					GHAUS F					)
	296. METHOD OF DISPOSITION		20b. PLACEA	NDDATEOFDIS	POSITION (N		DA		TION — City		
	1) Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	mover from State	GARR I	SON F	ORFS	Τ ۷Δ	17	30 OWI	NGS	MTIE	C MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				ND ADDRESS OF F	CILITY		443		3 , FIU
	A COUNTY	Ho. K	Chr	0.	M C	. MARCH	11	O1 NOD	TH A	VENI	16
	23. PART i. Enter the diseases, o	complications the	7010	-							
	shock, or heart failure	. List only one ceu	use on each ilna.		inter the mi	ode of dying, sai	III MM CM	ulac or reapiral	ory arreat	1	Approximat Interval Bet
	iMMEDIATE CAUSE (Finei disease or condition										Oneat and I
	reaulting in death)		R OF BL		MILL	H COMPL	TCA.	LION			
_											
Ö			(on No X conce	UENCE OF):							
	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEQ								
CAT	if any, leading to immediate cause. Enter UNDERLYING	b									
LIFICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b		UENCE OF):							
ERTIFICAT	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b	O (OR AS A CONSEQ	UENCE OF):							
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQ	UENCE OF):	e underlyin	g cause given ir	Part i.	24a. WAS AN AU	TOPSY	24b. WEI	RE AUTOPSY FINC
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSEQ	UENCE OF):	e underlyin	g cause given in	Part i.	PERFORM	D7	AMA	RE AUTOPSY FIND TILABLE PRIOR TO MPLETION OF CAL
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQ	UENCE OF):	e underlyin	g cause given in	Part i.	PERFORME	ED? KNO	AMA COI OF	MARLE PRIOR TO MPLETION OF CA DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQ	UENCE OF):	e underlyin	g cause given in	Part i.	PERFORM	ED? KNO	AMA COI OF	MPLETION OF CAN DEATH?
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PHER: Nursing Hor 28c. IN 1	LACE DF DEATH (C	6 Oth 28d. DE 28f. LO City a to the co	PERFORMS  1 YES 2 TINOUII  INOUIII  OF (Specify)  SCRIBE HOW INJU  CATION (Street and or Town, State)  use(a) and mannes a and place, and c	INVIDENTIAL TO SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF THE SET OF	AMA COOI OF 1 [ ED  Rurel Route BUSE(a) and GNED (Mo / 27 /	MABLE PRIOR TO MPLETION OF CAIDEATH?  YES 2 NO Number, Number, d manner as state

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must h

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HI	ALTH AND DEATH		GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  DANIELLE	DANYELL BE	FRRY			2. DATE OF DE MONTH	27 9	3. TIME OF DEATH 2.57 PM
	4. SOCIAL SECURITY NUMBER  9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	32 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	16 61 BA	BIRTHPLACE (State or Foreign Country) ALTIMORE, MD
TOR	NORTHWEST HOSE			RANDALI			BAL T	O. COUNTY
DIRECTOR			UNTY- 0	VINGS	MILLS			10d. INSIDE CITY LIMITS? Y 1 YES 2 Y NO
FUNERAL	100. STREET AND NUMBER 30 LOOMIS CT.				21117	IN C. TOTAL	UNITE	N OF WHAT COUNTRY? ED STATES
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2V VNO DATES	13. WAS DECE if yes, spec 1 PES	NDENT OF HISPAI Elfy Cuban, Mexico NO Specif	in, Puerto Rican,	cify Yea or No 14 etc.)	Bleck, White, etc.  Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	1 College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n DISABLE	k done during mosi etired.)	l of working	16b. KIND	OF BUSINESS/INDUS	тнү
BE CO	JAMES C. BERRY	1			OLGA L			
2	196. INFORMANT'S NAME (Type/Print) CAREN BERRY				9		or Town State, Zip Co	
E IIIISI	20a. METHOD OF DISPOSITION  1 VI Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIFE	carr	p. PLACE AND DATE OF I	STAR CE	METERY	7-31	CATONSV	y or Town, State / ILLE, MD
a crown	Lee V.	Blollar	d	1101 E		TH AVE		MARCH FH.
	23. PAP I Enter the disesses, or shock, or heert feliure.  IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	e. SEPS	A CONSEQUENCE OF):			h ss csrdlec o	reepiratory screen	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO JOR AS A  AUT E	CONSEQUENCE OF);	EHYDO		uri		
ERTIFI	that initiated events resulting in death) LAST	d. CHRUNI	CONSEQUENCE OF):	ENAL	FA	int		8
MEDICAL	PART II. Other significant condition	is contributing to death b	out not resulting in t	the underlying	ceuse given in	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 USS 2 NO	HOSPITAL:		26. PLA	CE OF DEATH (Ch		***	
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y 28c, INJUI	TA YE		HOW INJURY OCCUR	RED
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, office		281. LOCATION ( City or Town	Street and Number or , State)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the bast of my knowless: On the basis of examination	ledge, desth occurred a n and/or investigation, is	nt the time, data a	nd plece, and due th occured at the	to the cause(a) a time, data and plo	nd menner as stated.	ause(a) and menner as stated.
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER HOT	ILSE AFFICE	R.		D 439	MBER 77	29d. DATE S	GNEO (Month, Day, Year) 27/43
1	30. NAME AND ADDRESS OF PERSON WH  DISTURNATION  31. DATE FILED MOOTH, THE PERSON	O COMPLETED CAUSE OF DEA	- ed	103P) TX	e CENS	0		

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HOUSENE

1 - FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPART ERTIFIC	MENT	OF H	IEALTH DEA	AND I	MEN	ITAL HYGIEN			
1. DECEDENT'S NAME (First, Catheri		Ballard  2. DATE OF DEATH  SOUTH Y 29, DAY 1993 YEAR  3. TIME OF DEATH  SOUTH Y 29, DAY 1993 YEAR							3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 245-34-3533		5. SEX	6. AGE		t birthday)	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. 0	Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign ry) th Carolina
9a. FACILITY NAME (# not in 1540 Beck								DEATH 9c. COUNTY OF DEATH Baltimore						
10a. STATE	10b COUNTY								10d. INSIDE CITY					
MD 10e. STREET AND NUMBER	Ва	ltimore				Ess							LIMITS?	
1549 Becklo	ow Ave	nue					101	2122				10g. CIT		WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 🖔 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 7 N		11	yes, sp	ecity Cubi		n, Pu	RIGIN? (Specify Yes arto Rican, etc.)	or No—	Spec	E — American Indian, k, Whita, atc. #y: hite
15. DEC (Specify only Elementary/Secondary (0 10yrs	EDENT'S EDU- y highest grade	CATION completed) College (1-4 or 5	+)	(Gi life.	cedent's use kind of wo Do NOT use ok Bi	rk done du retired.)	ring mo	ON at of work	ing		16b. KIND OF BUS		DUSTRY	
17. FATHER'S NAME (First, MI	iddle, Last)			100	OR DI	1104 211	5	18. MOT	HER'S NA	ME (F	irst, Middle, Maiden		00	
Samuel Palm								M	laude	T	rexler			
Granville	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d			549 B						Number Chy or Town			220
20a. METHOD OF DISPOSITI	ION on 3 - Rem	oval from State	20b	.PLACE A	AND DATE OF	DISPOSIT er place)	ION (Na		21	1		CATION —		
21. SIGNATURE OF FUNERAL		ENSEE	_   H	отту	HILL		AME AN		SS OF FA	_	1993 Bal	.tlmo	re,	MD
( mull	u Fu	mulal	4	^-							Home 300	ОМасе	Ave.	21221
23. PART I. Enter tha di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	VI Ianure.	a. Su	dd	ech line.	Ca						,	ratory ar	rest,	Approximata interval Batween Onset and Deeth
Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithet initiated events resulting in death) LAS*	diate NG ry	DUE TO	Ch AS A	CONSEC CONSEC	UENCE OF):	heau	x t	d	se	55	*			Years
PART II. Other eignifices	nt condition	e contributing to	death b	ut not re	brill	the und	erlying	ceuse	given in	Part	I. 24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:				OTHER:	26. PL	ACE OF D	EATH (Che	ock on	ly one)			
1 TYES 2 NO		1   Inpetient 2	_	atient 3	DOA 4	☐ Nursir	-		Sidence		Other (Specify)			
1 Natural 5   1	Pending nvestigation	25a. DATE OF (Month, Da			28b. TIME (	M 2	WO	URY AT RK? 'ES 2	□ NO	26d.	DESCRIBE HOW IN	JURY OC	CUREO	
3 Sulcide 6 0	Could not be setermined	28s. PLACE O	F INJURY etc. (Spec	— At hor	ne, farm, stre	set, factor	y, office			2\$1.	LOCATION (Street a City or Town, State)	nd Number	or Rural F	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDIC	IFYINO PHYSIC	CIAN: To the best of	my knowl	edge, des	ith occurred	at the tim	e, data nion, di	and place	, and dua	to the	cause(s) and man	ner se stat	ed,	) and manner as stated.
29b. SIGNATURE AND TITLE	Ru	Mrs	2	ca				29c. LICI	13	IBER	16	29d. DAT	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF ROGER U	PERSON WHO	O COMPLETEO CAUS	SE OF DE	TH (ITEM	27) (Type, P	rint)				~ /				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or tem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 3 0 1993

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	<b>OF</b>	HEALTH	AND	MENTAL	HYG	IENI
		C	E	ERTIFICATE	0	F DEAT	TH		REG	NO

REGISTRAR	STATE OF MARY	CERTIFIC				G. NO.	
DECEDENT'S NAME (First, Middle, Last)	D. La				2. DATE OF DI	DAY YE	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	Betz 5, SEX 6, AGE	(in yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	29 9	3 /L 45 /T M BIRTHPLACE (State or Foreign
216-07-8517	1 🗆 M 2 💢 F	94 YRS. MO	NTHS DAY	HOURS MIN.	(Month, Day, 8/16	7098	Country) m/
FACILITY NAME (If not institution, give si ST JOSEPH H	lespites!	96	Tou	OR LOCATION OF DI	EATH	9c. COUNTY	Himore
STATE 106. COUNTY	140	10c. CITY, T	OWN OR LO	CATION			10d. INSIDE CITY LIMITS?
MD Ba	ltimore	Es	sex	101. ZIP CODE		10a CITIZEN	1 YES 2 NO
107 S. Stuart S	treet			21221			SA
MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes,	ECENDENT OF NISPAI specify Cuban, Mexico ES 2 NO Specif	n, Puerto Ricen,	cify Yea or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPARISON	16a, DECEDENT'S US	UAL OCCUPA	TION	16b, KINC	OF BUSINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		most of working			
5yrs   FATNER'S NAME (First, Middle, Last)		Housewife		10 MOTNED'S NA	ME (First Middle	Melden Surname)	
William Barber	-				ret But		
. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Stre			SCDKV ly or Town, State, Zip Go	de)
Sheridan Brueck	ner	12315 F	alls	Rd Cock	evsvill	e. MD 2	1030
METNOD OF DISPOSITION  Buriel 2 Cremetion 3 Rem	oval from State	ob. PLACE AND DATE Of f cemetary, crematory or			DATE	20c. LOCATION — City	
Donation 5 Other (Specify)		oreland	22. NAME	July 31.	1993   KRILITY	Baltim	ore. MD
1 DA E		[]	Con	nolly Fun	oral UC	mo of Foo	300 Mace Av ex Balto MD 21
seese or condition suiting in death)	DUE TO (OR AS	A CONSEQUENCE OF:	awer.				
any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or injury st initiated events suiting in death) LAST	с.	A CONSEQUENCE OF):					
OT II Other desired	na contributing to death	but not resulting in	the underl	ring cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other algnificent condition					_   '		1   YES 2   NO
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Page 6 ma	director,		San manad
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requires th	en signed	te Dept. of Health and	thouse on
The law	cate has be	State Dept.	item 23
PHYSICIAN:	this certifi	with the S	read or
AL UR ALTENDING PHYSI	TOR: After th	vithin 72 hours after death with	TANT: If Hem 28 is marked
TIAL OR A	UNERAL DIRECTOR: After	72 hours	If Harm
HOSPITAL	FUNE	within	TAMT

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR ERTIF	ITMEN ICAT	T OF I	IEALTH DEAT	AND I	MENTA	L HYGIEN	E	3	22166	
	1. DECEDENT'S NAME (First, Middle, Lest)  RICHARI	D BEG	65	JR.					2. DATE	OF DEATH	8	YEAR 93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	st birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	(Mon	OF BIRTH h, Day, Year)		8. BIRTH		
	212-34-8361  9e. FACILITY NAME (If not institution, give stre		56	YRS.	9b CIT	Y TOWN	OR LOCATIO	ON OF DE	09	30	36	MA INTY OF D	ARYLAND	
OR	600D SAH	AMTAN	1 HOUP				TIM			D	96. 000	MIT OF D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCA	TION				1		10d, INSIDE CITY	
	MARYLAND					BALTIMORE					10d. INSIDE LIMITS 1 X YES			
3AL	10e. STREET AND NUMBER					10	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	3440 CHESTNUT AVENUE 21211 USA  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No.— 14. RACE —													
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE W	YES 2 X	NO	13.	If yes, sp	ENDENT O	n, Mexica	n, Puerto	t? (Specify Yei Ricen, etc.)	or No—	14. RACI Blaci Speci	E — American Indian, k, White, atc.	
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. Di	ECEDENT'S Give kind of v	USUAL (	OCCUPATION during mo	ON st of workin	ng .	168	. KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 9TH	College (1-4 or 5+)		EXTER						PES'	r con	NTROI	_	
CO	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
H	RICHARD W. I	BEGGS, SI								LEANOR			IAN	
5	CARMILLA BEGGS									LTIMO			21211	
	20s. METHOD OF DISPOSITION  1   Burlai 2 (A Cremation 3   Removal from State  4   Donation 5   Other (Specify)   GREEN MOUNT CEMETERY 7/30/93   BALTIMORE, MARYLAND													
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE ,	1 GREE	N MOU	22.	NAME A	ND ADDRES	S OF FA	CILITY					
	. a. alar	- Sei	Is 4	4						R. FUN				
	IMMEDIATE CAUSE (Finel disease or condition	st only one ceus	e on aech line	е.	not enta	Interva					Approximate Interval Between Onset and Death			
	resulting in death) a.		OR AS A CONSE											
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSE	OUENCE OF	F):									
ERTIFICATION	CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (	OR AS A CONSE	OUENCE OF	F):									
0	PART II. Other significent conditions	contributing to	leath but not	resulting i	n the u	nderlying	cause g	iven In	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
MEDICAL									_	PERFOR			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Z: ME									-				1 _ YES 2 _ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	eck only or	e)				
HASI		Inpetient 2   28e. DATE OF I		28b. TIM		rsing Hom	e 5 🗆 Rec	eldence	_					
BY PI														
	3 Suicide S Could not be determined	28e. PLACE OF building, a	INJURY — At ho to. (Specify)	ome, term, a	treet, tec	tory, office	•		281. LOC City	ATION (Street a or Town, State)	and Number	or Rural F	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:												and manner as stated	
B	296. SIGNATURE AND TITLE OF CERTIFIER  Peral Bush	0					29c. LICE			To prove, sir	29d. DAT	E SIGNED	(Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE	OF DEATH ATE	M 2T) (Texa	Defect						7	12	170	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FIRAT DURU, MD & SH BALTIMORE, MD

31. DATE FILED (Month, Day, Nort)

JUL 30 1993

JUL DAMESSA PRINTING

DHMH-16 Rev 1/89

**BALTIMORE, MARYLAND 21215-0020** 

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral physician and completely filled in by the funeral physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physi	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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	REGISTRAR		CI	ERTIFI	CATE O	F DEATH		REG. NO			
- 4	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
- 1	IRENE VIRG	SINIA	BIAS				монти 7 —	21-9	3	YEAR	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthdad	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			0.000000	
		1 M 2 Q.F			MONTHS DAYS		(Month,	Day, Year)		Country,	
	213 30 4711	Α.	61	YRS.		3/8 - 59	11-	17-1	931		Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOW	OR LOCATION OF	DEATH		9c. COUN	TY OF DE	ATH
DIRECTOR	1123 E. Belve	dere	Apt B		Ba	ltimore					
5	RESIDENCE OF DECEDENT										
#	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
<u>=</u>	Maryland			Ba	ltimo	re					1 YES 2 NO
اب	10a. STREET AND NUMBER					IOI. ZIP CODE			100 CITIZ		HAT COUNTRY?
FUNERAL	1122F Polyo	down n	- D								INI COUNTRY
빌	1123E. Belve		pt B			21239				USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR			ECENDENT OF HISPA specify Cuban, Mexic			or No-	14. RACE Black	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES			ES 2 NO Spec				Specify	v:
	1 - mount 1 - mount		no								Black
ш	15. DECEDENT'S EDUC (Specify only highest grade)	CATION COMPRISED			USUAL OCCUPA		16b. P	IND OF BU	SINES\$/INDL	JSTRY	
画	Elementary/Secondary (0-12)	College (1-4 or 5+)	Min	Do NOT use	retired.)	nost or working			. 1		
로	12+						C	osmo	tolo	gist	Ē.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_		18. MOTHER'S N	AME /First Adia	fella Adalalaa	Comment		
						in worner 3 h	PRINCE (FIRST, NIK	rune, Arestuori	,		
BE											liss
2	19a. INFORMANT'S NAME (Type/Print)					t and Number or Rura					
-	Leverne E. Bia	as, Sr		1123	E. Be	elveder	e Ave	,Bal	timo:	re, N	4D 21239
1	20a. METHOD OF DISPOSITION				F DISPOSITION (	Name of	OATE	20c. LO	CATION — C	ity or Tov	rn, Stats
	1 Donation 5 Other (Specify)	oval from State	cemetary, cre	matory or oth	her place)		1				
	21. EIGNATURE OF FUNERAL SERVICE LIC	msem on a 1	obsW 5	Dir	22. NAME	AND ADDRESS OF F	ACH ITY C' +	2 + 0	Anat	0 M 17	Poard
	11	Man	u waae	, DII							
	1110111111	1 1000	7		65:	ow. Bal	cimor	e St	, ва.	Tto,	MD 21201
- 4	23. PART I. Enter the diseases, or c	omplications that	caused the de	ath. Do n	ot antar the n	node of dylna, su	ch as cardia	C Or read	iratory arre	ent	Approximate
- 8	snock, or neart failure. L	List only one caus	e on each line	).					atory and		Interval Between
	IMMEDIATE CAUSE (Final disease or condition	\		-	\ 0 (						Onset and Death
	resulting in death)	LUN	0	CAR	V CK	2					14 H2
		DUE TO (	OR AS A CONSEC	QUENCE OF	):						
z											
으	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE OF	):						
¥	cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	):						
E	resulting in death) LAST				,						İ
		l									<u> </u>
EDICAL CERTIFICATION	PART II. Other significant conditions	contributing to	leath but not r	esulting is	n the underly	na cause alven i	Part I. 2	4s. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
5								PERFOR		-10)	AVAILABLE PRIOR TO
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	theck only one)				
∺ ∺ ⊪	EXAMINER?	HOSPITAL:			OTHER:	1 30					
Ĕ II	27. MANNER OF DEATH	1 Inpetient 2 I			4 Nursing Ho		8 Other (				
효	Natural 5 Pending	(Month, Day		28b. TIME INJU	JRY 28c. J	YJURY AT " YORK?	28d. DESC	RIBE HOW I	NJURY OCC	JREO	
B	2 Accident Investigation				M 1	YES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF	INJURY - At ho	me, farm, si	reet, factory, of	lce	28f. LOCAT	ON (Street	and Number o	or Rural Ro	oute Number,
9	4 Homicide determined	building, e	tc. (Specify)				City or	Town, State)			
Щ	29a. CERTIFIER	/					-				
픈	(Check only	CIAN: To the best of n									
COMPLET	2 MEDICAL EXAMINER	t: On the basis of sx	mation and/or i	Investigation	n, In my opinion.	death occured at th	e tima, dats a	nd place, an	d due to the	cause(s)	and manner as stated.
	290. SIGNATURE AND TITLE OF CONTINUE	_	1			29c. LICENSE NU	JMBER		29d, DATE	SIGNED	(Month Day, Year)
8	Ch X	/	/	mn		N251	1 ·		•	7/1	100
2	30. NAME AND ADDRESS OF PERSON WHO	COMBI EVER CE	OE DOWN	(1,1)	0.10	TOSOR	W G			114	777
	DR ZYGLKR			Driv	ve #41	5, Owing	s Mi	lls,	MD 2	1111	7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE								
- 1	1111 0 0 1000	a									

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transi ir removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CERTIF		F DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) Shirley M,	Blomgren	SHIRL	EY M. H	BLOMGREN		DATE OF DEATH	9	YEAR	3. TIME OF DEATH
9	0170000	SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7, 1	DATE OF BIRTH (Month, Day, Year)	, /-	Country)	LACE (State for Foreign
LOR		t and number) HOSPITAL, 9	nci		or LOCATION O		//		TY OF DE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND HOWA	RD		, TOWN OR LOC LUMBIA	CATION				1	IOd. INSIDE CITY LIMITS? VES 2 1 NO
FUNERAL	100. STREET AND NUMBER 8913 SKYROCK COURT				101. ZIP CODE 2 1	L046		10g. CITIZ	U.S.	IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1  Never Married 2  Married  \${X} Widowed 4  Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HI specify Cuban, M ES 2 P NO S	exican, Pu	PRIGIN? (Specify Yes our of Rican, etc.)	or No	14. RACE - Black, Specify:	
COMPLETED		npleted) College (1-4 or 5+)	Me. Do NOT us	rork done during : e retired.)	most of working		16b. KIND OF BUSI			WHITE
	17. FATHER'S NAME (First, Middle, Last)  LEE MATHER	5+	SOCIAL	WORKE	18. MOTHER	S NAME (I	STATE O First, Middle, Meiden S Z SENER		LIFOR	RN 1.A
TO BE	19a. INFORMANT'S NAME (Type/Print)	AUGHTER)			t and Number or R	Rural Route	Number, City or Town,			.046
	2 No. METHOD OF DISPOSITION  1	20h	PLACEANDDATEC	E DISPOSITION	Name of		DATE 20c. LOC 0/93 COLU	ATION _ (	Ntu or Town	n Ctute
	21. SIGNATURE OF PURE ALL DERVICE LICEN	5.7	DEGIBIA	LE ROY	M. & F	RUSSE	ELL C. WI	TZKE	FUNE	RAL HOMES
	23. PART I. Enter the diseases, or con	nplications that caused	the death. Do n	ot enter the r	EDMONDS node of dying,	such as	AVE . CATO	NSVI	LLE, M	ID. 21228
	shock, or heart failure. Lia  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Parpirate	ry Fa	ilure						Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	etel	Pulmo	nay	Disea	sl		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:						
	d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions of Metastate	Dvar	t Canc	n the underly	ing cause give	n in Part	24a. WAS AN A PERFORM  1   YES 2	NED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.									1	YES 2 NO
SICIA		OSPITAL:	2 DO4	OTHER:	PLACE OF DEATH					
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	Ome 5 Resident NJURY AT YORK? YES 2 NO	286	1. OEŞCRIBE HOW IN	JURY OCC	UREO	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	treet, factory, of	lice	281	LOCATION (Street an City or Town, State)	d Number	or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my knowledge. On the besis of examination								and manner as stated.
TO BE C	291 SIGNATURE AND TITLE OF DENTIFIER  FLANCIS BY	no MO			29c. LICENSE	NUMBER	26	29d. DATE	7-2	Nonth, Day, Year) 7-93
	30. NAME AND ADDRESS OF PERSON WHO CO FRANCIS BRUN	OMD ,	Medica		-s Bui	ldin	g, Colu	umb	ia	MD
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit page find within 72 hours after neath with the State Deat, of Health and Mental Hydiene prior to burlat, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDING PHYSICI.	R: After this central research with the	is marked, o
PITAL OR ATTE	ERAL DIRECTOR	T. If Item 28
O THE HOS	THE FUN	MPORTAN

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
	1. OECEDENT'S NAME (First, Middle, Last) Walter Brooks	2. DATE OF OEATH WONEH 2 MY 93
	EIZ ZO OOSO PIM Z F OI YRS.	HRS. 7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country) M d
TOR	96. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center Balto  RESIDENCE OF DECEDENT	OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto	10d. INSIDE CITY LIMITS? 1 ★ YES 2 □ NO
FUNERAL	10a. STREET AND NUMBER 2601 Madison Ave Apt 905 101. ZIP CODE 2121	7 U.S.A.
ВУ		HSPANIC ORIGIN? (Specify Yea or No— 14, RACE — American Indian, Mexican, Puerto Rican, etc.)  Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Construction W	16b. KIND OF BUSINESS/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Walter Brooks Sr. 16. MOTHER ES	tella Dorsey
TO B	19a. INFORMANT'S NAME (Type/Print) Cora Brooks  19b. Mailing Address (Street and Number or F	Rural Route Number, City or Town, State, Zip Code) Ne Balto, Md 21217
	20b. PLACE AND DATE OF DISPOSITION (Name of chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the chief and part of the	7/30/93 Randallstown, Md
	122. NAME AND ADDRESS OF MAICH F/	ог FACILITY 'H-West 4300 Wabash Ave
NC	23. PART Enter the diseases, or complications that ceased the death. Do not enter the mode of dying, shock, or heart feliure. List only one cease on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions,	Interval Between
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give Encl Stage Renal Disease	PRI IN Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Inpettent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reside	
BY PHYS	27. MANNER OF DEATH  28a. DATE OF INJURY  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  M 1 VES 2 N	28d. DEŞCRIBE HOW INJURY OCCURED
	2 Accident investigation 3 Suicide s Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and medical examination and/or investigation, in my opinion, death occurred at	
TO BE	Brian Day, MD 29c. LICENSI  29c. LICENSI  D2	SE NUMBER  29d. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  Prior Span MD Univ May Jank  31. Date Filed (Month, Day, Year)	d Hosp Baltimore Md
0	JUL 3 0 1993 Julia Davidson - Range Le	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an elems after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  ANDRE ITN	1000			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
	111111111111111111111111111111111111111		RTON  yrs. last birthday)   IF UN	DER 1 YEAR   IF UNDER 24 HRS.	0.7	24 9	
1	215-92-5626	1 K M 2 🗆 F 24		7	7. DATE OF BIRTH 9 - 19 - 68	8. 89 Co	IRTHPLACE (State or Foreign out (4)
HC HC	9a. FACILITY NAME (If not institution, give stre 6127 REISTERSTO	wN ROAD		TY, TOWN OR LOCATION OF DISALTIMORE (		9c. COUNTY O	F DEATN
اق	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		1				
DIRECTOR	Md		Balt	O OR LOCATION			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5809 Gist Av	е		10f. ZIP CODE 21215		10g. CITIZEN C	DF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1/2 YES 2 NO Speci	an, Puerto Rican, etc.)	8	HACE — American Indian, Hack, White, etc.
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BU	I ISINESS/INDUSTR	ny .
APLE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	ille. Do NOT use retired	1.)			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Linwood D. Bu	ırton		18. MOTHER'S N.	AME (First, Middle, Meider	Surname)	
10 E	190. INFORMANT'S NAME (Type/Prim) Mary G. Burtor	1		ss (Street and Number or Aural st Ave Bal			)
	20s. METNOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	rai from State 20b. P	PLACE AND DATE OF DISP	osition/Name of Tial Park	7/31/93	Randa	Town, State 11stown, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	1 0/		2. NAME AND ADDRESS OF F. March F/H		00 Waba	ash Ave
	23. PART Enter the disesses, or co	mplications that caused	the deeth. Do not ent	er the mode of dying, suc	ch es cerdiec or resp	eliratory errest,	Approximete interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Gunshotw	ound of C	rack of the	et		Onset and Death
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CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				
AL CE	PART II. Other significent conditions	contributing to deeth but	not resulting in the	underlying ceuse given in			24b. WERE AUTOPSY FINDINGS
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2					_		1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	neck only one)		
YSI	1 № YES 2 □ NO	HOSPITAL:   I   Inpatient 2   ER/Outpati	lent 3 DOA 4 N	ER: ursing Home 5 - Residence	6 X Other (Specify)	6127 R	EISTERSTOWN
	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	7 - 24 - 199	3 1:48 Pm	28c. INJURY AT WORK?	28d. DESCRIBE NOW SUBJECT		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, street, fo	actory, office	281. LOCATION (Street Gity-pc-Town State)	and Number or Rui	rel Route Number, TOWN ROAD
LET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To Iha best of my knowled		time, data and place, and due	L.,		TOWN ROAD
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination r	and/or investigation, in m	opinion, death occured at the	time, data and place, ar	nd due to the caus	re(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	12/1 210		29c. LICENSE NU		the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	NEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Print)	O.C.M.	Ľ.	/-2:	5-1993
	DONALD G. WRIG			Street, Ba	ltimore,	Maryla	and 21201
4	JUL 3 0 1993 Jul	Javidson-Hand	ell.				



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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physicial
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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31. OATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN GOSA SIDNEY BARTZ JULY 26, 1993 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 219-40-9941 51 1 M 2 - F DAYS HOURS YRS. 12/16/1941 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH BALTIMORE 8813 FLAGSTONE DR. RANDALLSTOWN DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION RANDALLSTOWN 10s. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 21133 10g. CITIZEN OF WHAT COUNTRY? 8813 FLAGSTONE DR. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 K Married IF YES, GIVE WAR OR DATES BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) REPAIRMAN ELECTRONICS 17. FATHER'S NAME (First, Middle, Last)
LEON BARTZ 18. MOTNER'S NAME (First, Middle, Melden Surname)
SYLVIA SNYDER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. SUSAN BARTZ 8813 FLAGSTONE DR. RANDALLSTOWN, MD 21133 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 20a. METNOD OF DISPOSITION

U Burial 2 Gremation 3 Inam

1 Donation Other (Specify) BETH EL MEM. PARK 7/28/93 RANDALLSTOWN, MD PL SIGNATURE OF FUNERAL SERVICE LIG 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Muan 6010 REISTERTOWN RD. 21215 23 PART Enter the diseases, or complications that caused the da shock, or heart failure. List only one cause on each line. es, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, intarval Batween Myce a wobel , inface toos IMMEDIATE CAUSE (Fyrai **Onset and Death** disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Y YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide COMPLETED 8 Could not be 4 Nomicide 1 CERTIFYING PHYSIC

DUE TO (OR AS A CONSEQUENCE OF):    OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF)   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A	te a seal	D					,
OUE TO (OR AS A CONSEQUENCE OF):  d	g to immediate UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):				
PERFORMED?    YES 2   MO   MAILABLE PRIOR TO COMPLETED CAUSE OF DEATH (Check only one)	events	OUE TO (OR AS A CONSE	EQUENCE OF):				
HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Nome 5   Residence 8   Other (Specify)  DEATN 5   Pending Investigation   5   Could not be determined   28c. INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28t. LOCATION (Street and Number or	r algnificant condition	es contributing to death but not	resulting in the u	ndarlying cause given in	Part I.	PERFORMED?	COMPLETION OF CAUSE OF DEATH?
HOSPITAL:   Inpatient   2 ER/Outpatient   3 DOA   4 Numing Nome   5 Pasidence   8 Other (Specify)	EFERREO TO MEDICAL			26. PLACE OF OFATH (C)	heck only o	nel .	
5   Pending Investigation 8   Could not be determined   26e. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)   1   CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   32. REGISTRAR'S SIGNATURE   30. 1993   32. REGISTRAR'S SIGNATURE   30. 1993   33. REGISTRAR'S SIGNATURE   30. 1993   33. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. 1993   34. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTRAR'S SIGNATURE   30. REGISTR	₽M6			R:			
28e. PLACE OF INJURY — At home, farm, street, factory, office determined  28e. PLACE OF INJURY — At home, farm, street, factory, office Dullding, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  28e. PLACE OF INJURY — At home, city or Yown, State)  28e. PLACE OF INJURY — At home, city or Yown, State)  28e. PLACE OF INJURY — At home, city or Yown, State)  28e. PLACE OF INJURY — At home, city or Yown, State)  28e. PLACE OF INJURY — At home, city or Yown, State)  28e. PLACE OF INJURY — At home, city or Youn, State)  29e. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	5 Pending		INJURY	WORK?	28d. DE:	SCRIBE HOW INJURY OCCUR	ED
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  3 0 1993	8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fa	ctory, offica			Bural Route Number,
DIGITION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Month, Day, Year)  32. REGISTRAR'S SIGNATURE  3 () 1993  Substitution Andreas							suse(a) and manner as stated.
Month, Day, Year)  3 0 1993  Suin Duiden Andrea	AND TITLE OF COMPINE	En		29c. LICENSE NU	MBER /	29d. DATE SI	GNED (Month, Day, Year)  Feeler 3, 1983
32. REGISTRAR'S SIGNATURE 30 1993 Suite Devilor Arthur	ODDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)				
DHMH-18 Rev	Month, Day, Year)	32. REGISTRAR'S SIGNATURE	lette				
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	1 - STATE REGISTRAR	SIAIE UF MAKI					DEAT		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				DOW				2. DATE OF DEATH	X00 Y	3. TIME OF DEATH
	BURL  4. SOCIAL SECURITY NUMBER  5	FRANKLIN	iE (in yrs. lasi i	hirtholey)	BOY		IF UNDER	24 MDC	JULY 23, I		4:30 AM M
	442-03-5868		77	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 24.	1915	Oklahoma
-	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE		9c. COUNTY	OF DEATH
TOT:	PHYSICIANS MEMORI.	AL HOSPITA	L		LA	PLA	ATA			CHAR	LES
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN						10d, INSIDE CITY LIMITS?
	Virginia King	George		De	hlg						1 TYES 2 NO
ERA	5200 Potomac Dr	ive				101	ZIP CODE			100	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER	R IN U.S. ARMI	ED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yea		RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married  Widowed 4 Divorced	IF YES, GIVE WAR OR				1 TYES	2 NO	Specify	n, Puerto Rican, etc.)		Specify: White
	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION	16a. DECI	DENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/INDUS	
		College (1-4 or 5+)	10000				st of worldn		100 12		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		DIT.	LI DE	eri	ng '	Tech		ME (First, Middle, Maiden S		nment
BE C	Thomas Arthur B	oyer							M. Bolt		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING		_			Route Number, City or Town		
_	Janet G. Wolfe		16	00		-	Eads	, A			lington, Va.
	20p. METHOD OF DISPOSITION  10 Burlel 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	trom State	Arlin	gto	Polan	ati	onal		7/29/93	Arlin	gton, Va.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22.	NAME AN	D ADDRES	S OF FA	CILITY		
	E. m. Tal	efens			N	ash	& S	law	, King G	eorge	. Va. 22485
	23. PART I. Entar tha diseases, or com shock, or heart feliure. List	plications that cause on	ad the deat	h. Do r	not entar	tha mo	da of dyli	ng, suci	h as cardiec or respir	atory arrest	, Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition	RED	W R	AI	704	JA	A	170	FOT		Onset and Death
	resulting in death)	DUE TO LOR AS	CONSEDU	ENCE O	PINY	N	X	10	D000 A	rolf	1001
NO NO	Sequentially list conditions, b.	DUE TO (OR A!	CONSTROLL	G/	RH	00	70	121	KIN JY	MUN	COME
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	00/0	Silly		上	GA	104	AC	- HALLO	WE.	
	that initiated events resulting in death) LAST	PUE TO OT A	CONSECU	ENGE-OI	<b>-</b> ):						
	d	2019	1 2-								
CAL	PART II. Other significant conditions c	ontributing to death	but not res	rulting i	in the con	derlying	Cause g	lven in	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Blandorocc	20/00	7/10 0	0	12	100	100	0	1 TYES 2	016	COMPLETION OF CAUSE OF DEATH?
N.	> ay ryurea	4/4/6	CONT A	00	racio	O.E.	ME	0.75			1 TES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER		ACE OF DE	ATH (Che	eck only one)		
HYS!		Inpetient 2 - ER/O		DOA 28b. TIM	4 🗆 Nun			Idence	8 Other (Specify)		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		INJ	ŪRY M	WO	RK?	NO	28d. DEŞCRIBE HOW IN	JURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home	, term, s	street, tact	ory, office	,		28t. LOCATION (Street ar City or Town, State)	nd Number or F	Bural Route Number,
5	An exercises			_							
COMPLETED	(Check only								to the cause(a) and mann		use(a) and manner as stated.
	29b. SIGNATURE AND THE OF CERTIFIER	11 1		P	No		29c. LICE				ONED (Month, Day, Year)
TO BE	~	MAN	NOI	10	V KA	74	D-230	21		1	23/93
	30. NAME AND ADDRESS OF PERSON WHO CO			4		ים) (	INIA C	ושועםי	בם לואו מס	MD o	0602
	SANJEEB K. MISHRA M 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		KUAI	OEI	) AVIV	CN I	CK WALDUKF	riu. 2	0002
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Virginia King George Debleren

Thomas Arthur Boyer

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Nont'e M. solton

Jamet G. Polfe 1600 South Eds, Apt 15 M., Arlington, Va.

Arlington (ational 7/29/93 Arlington, Va.

lash & Slaw, King George, va. 27485

SOIL S	letache	nce.
5	20	at
TO THE HOOF THE DATA THE PROPERTY. THE MAN INCOME THE DESCRIPTION OF EXECUTION WHITE A HOUR SHEET UP THE HOOF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)  RAYMOM	FRANCIS CHAT	FIEL	D		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month Day, Year)		MRTHPLACE (State or Foreign country)
	9a. FACILITY NAME (If not institution, give str	11× M 2 🗆 F	YRS.			AUG. 12,	S I	RONTON, OHIO
TOR	GOOD SAMALITA	N Hosp.		BALT	OR LOCATION OF D	EATH CITY	9c. COUNTY	OF DEATH
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
L DIF	MARYLAND BAL 100. STREET AND NUMBER	TIMORE C	0.	PARKV	H, ZIP CODE		40- CITIZEN	1 VES 2 NO
FUNERAL DIRECTOR	9211 AVONDALL	ROAD	WI		212	34	U.	S, A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, a	CENDENT OF HISPA pecify Cutien, Maxic S 2 NO Specific	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) fy:	a or No— 14. I	RACE — Americandem, Brack, White, etc. Specify:
	15. DECEDENT'S EDUC	ATION H	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/INDUSTI	V:417E
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of all life. Do NOT us	work done during m	ost of working	TE	(ACO	011 CO.
OM	17. FATHER'S NAME (First, Middle, Last)		11900	2 >	18. MOTHER'S NA	AME (First, Middle, Maider	Surname)	0.0
BE	19a. INFORMANT'S NAME (NOWFORM)	WC15 CH	ATME	ADDRESS (Simol	DORA	Route Number, City or Top	SR.	
5	FAMILY K	CORDS	SA	mE	AS	ABSVE	vn, Stare, Zip Cook	9)
	20a. METHOD OF DISPOSITION  1 D Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State 20b.	PLACE AND DATE	OF DISPOSITION (A	ame of	OATE 20c. LC	DCATION - City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	Caro LIC	2#	22. NAME A	NO ADDRESS OF FA	INEBAL (	HAPE	7-0
-	23. PART LICENSE the diseases, or of	Jul m	00011	-11.	8800	HARFO	TRD K	D. YARKVILL
	23. PART I Enter the diseases, or of shock, or heart fallure.	ist only one cause on ea	the death. Do n	not enter the m	ode of dying, suc	ch as cardiac or resp	iratory arrest,	Approximate interval Between
	disease or condition resulting in death)	ISCHEM	IC CA	RDIDIM	VOODTA	1V		Onset and Death
	_	DUE TO (OR AS A	CONSEQUENCE O	F):		1		19537
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
FICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	Pi:				
ËRTI	resulting in death) LAST							
	PART ii. Other significant conditions	contributing to death bu	it not resulting	in the underlyin	ig ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						PERFO	2 4	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	neck only one)		
Sic	EXAMINER?	HOSPITAL:	itient 3 🗆 DOA	OTHER:		6 Other (Specify)		
된	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
B	1 Netural 5 Pending 2 Accident Investigation	On Diagram william			YES 2 NO			
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	- At nome, term, s	Rreet, factory, offic		28t. LOCATION (Street City or Town, State		ıral Route Number,
COMPLETED		IAN: To the best of my knowle : On the basis of examination						rse(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1 1 2	. ()		29c. LICENSE NUI			NEO (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	01101		25-4			<b>&gt;</b>	
	NIZAR CHARA	FEDDINE	TH (ITEM 27) (Type.	GOO	0 SAMAR	ITAN HO	SPITAL	
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				-	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificiate be certificate by the confidence that the death certificate be certificate by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and companie field in by the funeral director page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyderic print, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
REGISTRAR	CERTIFICATE OF DEATH R	EG. NO.

REGISTRAR  1. DECEDENT'S NAME (First, Middle.	Looth							T				
Alice Delori		leman						2, DAT MON		DAY	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH		· -	HPLACE (State or Foreign
214-26-9854 9e. FACILITY NAME (If not institution,	1 M 2 F	65	YRS.		- 32	10000	72.0	5/8	3/28		Ba:	lto.,Md.
Liberty Medi	cal Cent	er				imo:		EATH		9c. COI	UNTY OF I	DEATH
10a. STATE 10b. Co			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
MD.			В	alt:	imor	e						LIMITS?
10e. STREET AND NUMBER					101	. ZIP CODE	:			10g. CI	TIZEN OF	WHAT COUNTRY?
2804 Woodbr	ook Avenu	le				212	17			1	USA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	MED IO	- 1	If yes, sp-	ENDENT O	n, Mexica	n, Puerto	IN? (Specify Y Rican, etc.)	ea or No—	Spec	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Gh	ve kind of	USUAL O work done se retired.)	durina mo	ON st of workin	g	16	b. KIND OF B	USINESS/IN		Black
17. FATHER'S NAME (First, Middle, Lat Benjamin F	leet					18. MOTH	IER'S NA		Middle, Maide	n Surneme)		
19a. INFORMANT'S NAME (Type/Print)  Beatrice We	st								Balt			21217
20s METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE A cemetery, crer	matory or o	ther plecel				DA		OCATION -		
21. SIGNATURE OF FUNERAL SERVI		King	Mem	oria	NAME AN	D ADDRES	em.	CILITY	31/93	Ba1	time	ore, Md.
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**.TIMORE, MARYLAND 21215-0020** 

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

93 22175 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) JULY 27, DATE OF DEATH 3. TIME OF DEATH YEAR ٧. 9:15 a.m " CARTER ROSENA 7. DATE OF BIRTH
(Morth, Dey, Year)

11-2-24 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 D-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH AL DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 TES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

FUNER	113 HONGW	rod St.		21216		U	5.H.			
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		I. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi-	ANIC ORIGIN? (Specify ) can, Puarto Rican, etc.)	es or No- 14	i. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Spec	olfy:		Black			
8	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF B	USINESS/INDUS	STRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	te. Do NOT use retired.	2.1		, 5, A				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		pulor	Orperaler	IAME (First, Middle, Majde					
BE C	Levy Ch	Ase		Wide	Tirle	en Surrama)				
TO B	194. INFORMANT'S NAME (Type/Print)	11 4	9b. MAILING ADDRES	SS (Street and Number or Rura	I Poute Number, City or Je	wn, fiste, Zip G	ode)			
-	MR. REGINALS	Carter	113 Lon	away St.	BA110,	mol.	21216			
Ą	20a. METHOD OF CISPOSITION 1 Deviate 2 Cremation 3 Ramo	oval from Stata cegletery, c	EAND DATE OF OISPO		8/2 20c. 1	OCATION - CIT	y or Town, Stata			
ij	4 Donation 5 Other (Specify)  21. SHE NATURE OF FUNERAL SERVICE LICE		100n 1	NAME AND ADDRESS OF	ABUTY -	2/4//	1 1700			
	House.	1 Punal		Wseph L. K	20135 100	Nerm	1x 4 la			
	23. PAST i. Enter the diseases, or co	Omplications that caused the	leath Do not ente	or the mode of duing an	07/11/10	C, 10/4	110-1nd, 2126			
	shock, Dr heert fellure. I IMMEDIATE CAUSE (Finel	Liet only one ceuse on eech lin	ne.	or the mode of dying, so	cii ee ceidiec di lee	piratory arres	t, Approximete interval Between Onset end Death			
	disease Dr condition									
	DUE TO (OR AS A CONSEQUENCE OF)									
NO O	Sequentielly list conditions, Due TO (or AS A CONSEQUENCE OF):  JEARS  DUE TO (OR AS A CONSEQUENCE OF):									
TAT	if any, leading to immediate ceuse. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):							
ER	resulting in death) LAST  d									
	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED?									
DIC	Chronic Renal Insufficiency 1 PERFORMED?									
ME						/	1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF DEATH (	<u> </u>					
SICI	EXAMINER?	HOSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (C ER: irsing Home 5 ☐ Rasidence						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. OATE OF INJURY (Mogth, Day, Mar)	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCU	RED			
8Y	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At P building, atc. (Specify)	nome, farm, street, fa	ctory, offica	281, LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,			
OMPLET		CIAN: To the best of my knowledge, on the basis of examination and/o								
0	296. SHOMATYRE AND TITLE OF CERTIFIER			29c. LICENSE NI			IGNED (Month, Day, Year)			
BE	16hm allu	ill mD		19730			27/93			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)							
	Robert J. Ma 31. DATE FILED (Month, Day, Year)	rshall MD Ju	ohns Hoph	cins Hospital						
2	JUL 3 0 1993 9	32. REGISTRAR'S SIGNATURE	R.							

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTTIL OF MAIN		ICATE OF		REG. NO			
i	Leas	ЕАН	Cap	CAPLA	I	2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	21550-9125	1 D M 2 F. 8	E (In yrs. lest birmsky) 7 yrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	108	Country)	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give street NORTHWEST HOSPITA RESIDENCE OF DECEMENT				OR LOCATION OF DI LISTOWN	EATH	9c. COUNT BALT		
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND BALTI	MORE		Y, TOWN OR LOCA NDALLSTY				- 1	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	100. STREET AND NUMBER 3701 ALLENSWOOD C	т.		10	1. ZIP CODE 21133		10g. CITIZI		HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 X NO DATES	If yea, a		NIC ORIGIN? (Specify Yenn, Puarto Rican, etc.)		4. RACE Black, Specify WHI	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us HOUSEW)	work done during most of working se retired.)			ISINESS/INDU		
BE COM	17. FATHER'S NAME (First, Middle, Last) (UNKNOWN)	BLACHER			18. MOTHER'S NA MOLL	ME (First, Middle, Maiden	Sumame) (UNKN	OWN)	
10 8	190. INFORMANT'S NAME (Type/Print) MRS. ELLEN MIZANSK	Y				RANDALLSTY			1122
	20e. METHOD OF DISPOSITION  **Ell Burlet 2   Cremetion 3   Ramovi 4   Donation 5   Other (Specify)	al from State 26	DE PLACE AND DATE OF	F DISPOSITION (N	ame of	DATE 20c. LC	CATION - CI	ty or Tow	n, State
	21. BIGNATURE OF FUNERAL SERVICE LICE	SEE	١ ٥ .	SOL I			INC.		
CEMTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART, II. Other algorificant conditions of the tes, Mile Hyperten Ston	contributing to death	but not resulting I	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFO!	RMED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Vinpatient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)								
DY PH	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
- 10	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	IY — At home, term, s ecify)	treet, factory, offic	0	26f. LOCATION (Street City or Town, State)	and Number or	Rural Ro	ute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the beat of my kno							and manner as stated.
	201. SIGNATURE AND TITLE OF CENTIFIER	for	-		29c. LICENSE NUN	IBER	29d. DATE 5	SIGNED (N	Wonth, Day Year)
	30. NAME AND ADDRESS OF PERSON WHO C	10N 41	). Nort	the west	5 Hosz	ofal (	enter	-/ /	kondallsk
P	JUL & (1)1993	12 REGISTRAR'S SIG	NATURE		1				
	/ //-								DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	this sours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit new 2. 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIEN	- 4	3 22177	
	1. DECEDENT'S NAME (First, Middle, Last) BENJAMIN	CI	ISENFELI	)		2. DATE	of DEATH	" 199".	3. TIME OF OEATH 9:26 P	
	4. SOCIAL SECURITY NUMBER 217 -32-9234	5. SEX 1 M 2 F 96	'In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY			OF BIRTH h, Day, Year)		BIRTHPLACE (State or Foreign Country) MARYLAND	
FOR	9a. FACILITY NAME (If not institution, give s ST AGNES HOSP)			BALT	MORE	EATH		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  MARYLAND  10b. COUNT	r	10c. CITY BAL	TIMORE	CATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6807 PARK HTS. AV	/E., APT. 2C			10f. ZIP CODE 21215			10g. CITIZEN USA	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	II yes,	ECENOENT OF HISPA apacify Cuban, Maxic ES NO Speci	an, Puerto			RACE — American Indian, Black, White, atc. Specify: NHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use MERCHAN	rork done during e retired.)	NTION most of working			MERCH/		
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES	SENFELD			18. MOTHER'S N. TOBY	AME (First, i	Middle, Maiden GREEN	Sumame) NFELD		
10 B	ARRY CISENFELD				ARK DR., A					
	20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION   DATE   20s. PLACE AND DATE OF DISPOSITION   Name of   20s. PLACE AND DATE   20s. PLACE AND DATE of DISPOSITION   Name of   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DATE   20s. PLACE AND DAT									
	SOL LEVINSON & BE 6010 REISTERTOWN								MD 21215	
	23. PART I. Enter the discusses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterio	ech line.	ic Ca	ardiovas				Approximata interval Between Onset and Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other significent condition	n the underly	he underlying cause given in Part I. 24a. WAS AN. PERFOR 1 U YES 2 INQU			MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
ву РНУ	27. MANNER OF DEATH  12. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	injury at work?  YES 2 NO	7		NJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	2 Accident  3 Suicide 8 Could not be building, stc. (Specify)  26s. PLACE OF INJURY At home, tarm, street, factory, office city or Town State)  26s. PLACE OF INJURY At home, tarm, street, factory, office city or Town State)								
COMPLETED	Luci Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control C	ICIAN: To the best of my know							ause(s) and manner as stated.	
BE	298. SIGNATURE AND TITLE OF CERTIFIE		W		O . C . M	MBER			GNED (Month, Day, Year)	
10	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. 111 Pe	enn St	reet, B	alti	more,	Mary	land 2120	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							Harry Auren	

DHMH-16 Rev 1/89

The Whole of the Section of the

	REGISTRAR	CERTIF	-ICA	TE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E	DEATH	,	YEAR	3. TIME OF DEATH
	Harry kenneth Caton					7	28		93	10:40a ^M
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	. AGE (In yrs. lest birthdey)	IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	HRTH (. Year)		8. BIRTHI Country	PLACE (State or Foreign
	231-22-7883 ^{1⊠ м 2} □ F	67 yrs.	MONTH	DAYS	ROURS MIN.	03 - 17				ginia
	9a. FACILITY NAME (If not institution, give atreet and number)		9b. C	ITY, TOWN	OR LOCATION OF DE	ATH		9c. COU	NTY OF DE	EATH
UNECTOR	St. Agnes Hospital		Ba	ltin	nore			Bal	ltim	nore
<u>.</u>	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	ine Ci	TV TOW	N OR LOCA	TION					10d. INSIDE CITY
	MD Howard	ĔĨ	kri	dge	IION					LIMITS?
ונ	10e. STREET AND NUMBER			10	I, ZIP CODE			10a CITI	IZEN OF W	1 TYES 2 NO
ENA					21227			-	USA	
	5905 Setter Drive 11. MARITAL STATUS 12. WAS DECEDENT 8	EVER IN U.S. ARMED			ENDENT OF HISPAN	IC ORIGIN2 (Sc	nacify Van			- American Indian,
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, sp	ecify Cuban, Maxican	, Puerto Ricer		0, 110	Black	c, White, etc.
	3 Wildowed 4 Divorced	OR DATES		1 1 163	Specify Specify				Specit	White
3	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL	OCCUPATION	ON	16b. KIN	D OF BUS	INESS/IND	OUSTRY	
u I	(Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of life. Do NOT	work do use retire	ne during mo d.)	ost or working					
MPL	10	Mechan	ic			Rad	diat	ors		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	WE (First, Middl	e, Maiden	Sumame)		
<u>.</u>	Robert Caton				Emily					
	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F					
	Norma FAye Larson	5905	S€	ettei	Drive,	, Elk:	ridg	e, l	MD 2	21227
ı	20e METHOD OF DISPOSITION  ALABuriel 2 Cremetion 3 Removal from State	20b. PLACE OF DISPO							City or To	
	4 □ Donation S □ Other (Spegily) A	Meadowr	-	-	_			_	, MI	
	21. SIGNATURE OF FUNERAL SERVICE LIGENSES		F	22. NAME A	nd address of face	neral	Hom	ne.	P.A.	
	· Oall full				idgely A					
	23. PART I. Enter the diseases, or compilications that of		_							Approximata
	shock, or heart fallure. List only one cause IMMEDIATE CAUSE (Final	on aach lina.								interval Between Onset and Death
1	All and the same and that are	.6 1.6.		1	6 - 1	. 1				71
	resulting in death) a. RUDTUTE DUE TO (0	of left v	ent) OF):	ricie	iree wal	.1				45 min.
,		yocardial								3 days
CERTIFICATION		R AS A CONSEQUENCE								
3	SOURCE ENTER LINDERLYING	c heart di	sea	se						10 yrs
	that hittates events	c heart di	OF):							
	resulting in death) LAST									
3	PART II. Other significant conditions contributing to de	eath but not resulting	in tha	underivin	a cause given in	Part i. 24	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
3	History of smoking						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	madedly of billowing					_   ''	X YES 2	⊔ мо		DF DEATH?
Σ										1 X YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	ack only one)				
SICIAN: M	EXAMINER? HOSPITAL:	ER/Outpatient 3 □ DOA		IER:	ne 5 🗆 Realdence		necifi.			
	27. MANNER OF DEATH 28e. DATE OF IN	2012		_	JURY AT	28d. DESCRI		NJURY OC	CURED	
	1 Natural 5 Pending (Month, Day,		NJURY		ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF	INJURY — At home, ferm	atreet,			28f, LOCATIO	N (Street a	nd Numbe	er or Rural I	Route Number,
	3 Solicide 8 Could not be building, et	c. (Specify)				City or To	wn, State)			
9	29a. CERTIFIER									
COMPLEIED	(Check only one)  1 X CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the best of examiner.									a) and manner as stated
3				., ., .,			praca, arr			
u n	29b. SIGNATURE AND TITLE OF CENTIFIER	and A	400		29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH OTEN OF C	an Delact		D43453			7	1/28/	93
		0								
	V. DIXON KING, JR., M.D.  31. DATE FILED (Month, Day, Year)	St. Agnes I	losp	ital	900 Cato	n Aven	ue,	Balt	imor	e, MD
51	JUL 3 0 1993	barraghaphatt.								
	10F 9 A 1320									

Salar property and the Cold and the

	HEGISTHAH		CERTI	FICALE O	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	1 DA	-V 15			2. DATE OF	F DEATH D	AY Y	3. TIME OF DEATH	0
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday		R IF UNDER 24 HRS.		1	000		М
	216-01-9553	1 - M 2 X F	MONTHS DAY	7. DATE OF (Month, I	BIRTH Day, Ybar)	6.	BIRTHPLACE (State or Foreign Country) Mary Land	Į.		
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOW	N OR LOCATION OF	DEATH	7//	9c. COUNTY	Y OF DEATH	
DIRECTOR	Stella MARIS RESIDENCE OF DECEDENT	HOSPICE		BA	Ltimore	7,7=0.11		Bor	timore	
S	10a. STATE 10b. COUNTY	1	10c. C	TY, TOWN OR LO	CATION				10d. INSIDE CITY	
		Arundel		Hanov					1 YES 2 NO	)
FUNERAL	7031 Ridge Road				101. ZIP CODE 21076				N OF WHAT COUNTRY?	
N N	11. MARITAL STATUS							U.S		
5	1 Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1 1	ER IN U.S. ARMED	13. WAS I	SECENOENT OF HISP specify Cuban, Mexi	ANIC ORIGIN?	Specify Yes	or No 14	. RACE — American Indian, Black, White, etc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		ES 2 NO Spec				Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'	S USUAL OCCUP work done during use retired.)	ATION most of working	16b. K	IND OF BU	SINESS/INDUS	TRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ole Cut			Uoobo	E1.		
M	N/A  17. FATHER'S NAME (First, Middle, Lest)	N/A		ore cur				ern Ele	ectric	
		Lewandowsk:	i		Joseph			Surneme) Wiatro	1- <i>-i</i>	
BE	19e. INFORMANT'S NAME (Type/Print)	(Grea		G ADDRESS (Stra	et and Number or Rurs		-			_
2	Michael F. Garczy		_		ry Hurst					
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATI			DATE			y or Town, State	
	4 Donation 5 Other (Specify)	oval from State	St. Stan:	other placa) ISIaus	Cemeterv	7/31			e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	22. NAME	ANO ADDRESS OF	ACILITY				
	Juin )	Lein		Sch:	imunek Fu Belair	neral Road.	Homes Balti	more.	MD 21236	
	23. PART I. Enter the diseases of o	complications that cau	sed the deeth. Do	not enter the	mode of dying, su	ch es cerdie	c or respi	ratory arres	t, Approximate	
1	shock, or heert fellure.  IMMEDIATE CAUSE (Final	List only one ceuse o	n eech line.		4				Interval Betw	
	disease or condition resulting in death)	· Ka	Inea Co	Meene	with	m.	tant	2ne	000000000000000000000000000000000000000	16.5
- 1		DUE TO (OR	AS A CONSEQUENCE	OF):		7,00	13,	/		
N	Onset and Death    Career   Career									
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	OF):						
임	CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE	OFI:						
CERTIFICATION	resulting in death) LAST	4		•						
	DARK II ON THE INC.									
¥ I	PART II. Other significent condition	s contributing to deal	h but not resulting	in the underly	ing ceuse given i	n Pert i. 2	4a. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN	NGS
EDICAL						1	YES à	₩ NO	COMPLETION OF CAUS OF DEATH?	SE.
Σ							/		1 TYES 2 TO NO	
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/	OTHER:	PLACE OF DEATH (					
H	27. MANNER OF DEATH	1 Inpetient 2 ER/			ome 5 Residence	_		N Him ood	250	
BY P	1 Natural 5 Pending Investigation	(Month, Day, Ye		JURY	WORK?	28d. 0E\$C	HIBE HOW I	NJURY OCCUP	REO	
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — Al home, farm,	street, factory, o	ffice	28f. LOCATI	ON (Street e	and Number or	Rural Route Number,	
COMPLETED	4 Homicide determined					5, 5	TOWN, Oraney			
3	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge, death occur	red at the time, d	ate end place, and do	e to the cause	(e) and mer	nner ee stated.		
Š I	2 MEDICAL EXAMINE	R: On the beele of examin	ation and/or investigat	ion, in my opinion	, death occured at it	e time, date en	d place, en	d due to the c	euse(e) end menner ee state	d.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			-	29c, LICENSE N	JMBER		29d. DATE S	IGNED (Month, Day, Year)	
2	N. MANUT. MAN. of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of				1/13	3 4		1/2	28/93	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (1/0)	G/Print) G/SNEY	Valley	10	1	21204	-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE		1		÷			-
W 77 3 1	JUL 3 0 1993	Achie Devidor	Marphalle							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAN		RTMENT OF I			GIENE 9	3 22180		
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM  DIXO	n			2. DATE OF DE	ZDAY 9	3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ) $344-48-838$ 1 $242$ F 5 9	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH 8-23	BIRTHPLACE (State or Foreign Country)		
JOR	90. FACILITY NAME (If not institution, give street and number) HYAHSUILLE MANOY		9b. CITY, TOWN	ALL SC	EATH.	9c. COUNT	Y OF DEATH		
DIRECTOR	106. STATE 10b. COUNTY	10c. CI1	TY, TOWN OR LOCA	more			10d. INSIDE CITY LIMITS? 1    Tes 2    No		
FUNERAL	34/1 W: FRAKKLIS ST	-	10	. ZIP CODE	739	10g. CITIZE	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 DNO	If yes, sp	ENDENT OF HISPAL ecity Cubari, Mexico 2 DNO Specifi	in, Puerto Rican, e		Black, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of life. Do NOT u	s USUAL OCCUPATE work done during mouse retired.)	est of working	16b. KIND	OF BUSINESS/INDUS	STRY		
ш	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle,	Maiden Surname)	Yon		
TO-8	100 INFORMANT'S NAME (TYDORDIN)- AAM-ES ALION	19b. MAILING	G ADDRESS (Street	ANKLIN	Houte Number, City	or Town, State Zip Co	ad 21239		
	1 Buriel 2 Creptation 3 Removal from State 4 Donation 5 Other (Specify)	LACE AND DATE	1/121	najal	758/23	Noc. LOCATION — CH	y or Town, State		
4	22. NAME AND ADDRESS OF FACILITY CAREER F.S.  Alley M. Challan Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Sylve of Trucker D. Syl								
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A. // S.								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL CE	PART II. Other algnificent conditions contributing to deeth but	not resulting	resulting in the underlying cause given in Part			VAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL		26 P	LACE OF DEATH (Ch	eck agh and		1 TES 2 NO		
SIC	EXAMINER?  1   YES 2   NO	ent 3 DOA	OTHER:	ie 5 🗆 Residence		(fv)			
ВУ РНУ	27. MANNER OF DEATH  1 Naturel 5 Pending (Month, Day, Year)  2 Accident Investigation	29b. TIN	ME OF 28c. IN.	URY AT DRK? YES 2 NO		HOW INJURY OCCU	RED		
ETED B	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,		
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination e								
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUI	WEER 3	29d. DATE 5	GIGNED (Month, Day, Mar)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type	e, Printy	Whe !	F. MI	201	701		
2	31. DATE FILED (Morth, Day, Year)  31. REQUITARE'S SIGNAL  31. DATE FILED (Morth, Day, Year)	mole EL			1				



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STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Sherman July 993 DAWSON 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Morth, Day, Vegr) Aug. 26, 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-03-6909 1 X M 2 F 76 YRS Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the buriaf-transit 213 Southeastern Court 21221 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. IORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: BY XX Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached Electrician Bethlehem Steel 17. FATHER'S NAME /First, Middle Last 16. MOTHER'S NAME (First, Middle, Malden Surname) Ħ director, page 5 should be Elmer Dawson Velma Reed BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 617 Mace Ave Sherman Dawson, Baltimore, mD 21221 9 20a_METHOD OF DISPOSITION

Y\subseteq Burlel 2 Cremation 3 Rer

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must lolly Hill 1993 July 31 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY has been signed by the attending physician and completely filled in by the funeral Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. 300 Mace Ave Connelly Funeral Home of Essex Balto, MD21221 nelly me medical 23. PART i. Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death ţ disease or condition resulting in death) . Hypoxia event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic L Hyperaphed Due to (or as a consequence of): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2 NO OF DEATH? 23 shows a 1 YES 2 NO PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL Hem ; 28. PLACE OF DEATH (Check only one) He FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day 29c. LICENSE NUMBER BE 표보를 28/ 9 3 2 30. NAME AND ADDRESS OF PERSON WHO CO CAUSE OF DEATH (ITEM 27) (Type, Print) Franklin Square Drive, Baltimore MD 21237 Ali Sana 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 3 0 1993 when Deviden Pandate

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

AND STREETING OF HANDERS TO A STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE STREET OF THE	10 THE HOSPITAL OF ALTENDING PHYSICIAN: The law requires that the deam centinose be executed within 24 hours after deam. Page b may be retained by the hospital of attending physician.	. DIRECTUR: ARELITIES CERTIFICATE HAS SEEN SIGNED BY THE AREIGNING PRYSICIAN AND COMPITIES IN BY THE FUNETING PRECION, PAGE 3 SHOULD BE GETACHED FOR USE AS THE DUTIAL-TRANSIT DEFINIT. PAGES 1, 2, 3 SHOULD	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Contractor of carriedon rule of	TO THE HOSPITAL OR ALTENDING PR	TO THE PUNERAL DIRECTOR: Affect This	be filed within 72 hours after death with 1	IMPORTANT: If Item 28 is mark

	1 - STATE REGISTRAR	STATE OF MA			TMENT OF I			MENTAL HYGIEI REG. NO		•	
3	1. DECEDENT'S NAME (First, Middle, Last, DRTH		WEY	, SR				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-03-5681		AGE (In yrs. Inc		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	* /	8. BIRTI Count M A	NPLACE (State or Foreign TYLAND
OR	9a. FACILITY NAME (If not institution, give	street and number)	Wise		96. CITY, TOWN BALT.		ON OF DE		9c. COU	ITLES	
DIRECTOR	PRESIDENCE OF DECEDENT  10a. STATE  10b. COUN  MARYLAND	πy		10c, CIT	Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS? 1. YES 2 NO
FUNERAL		JNTINGDON A	AVENUE		10	r. zip codi	1211		10g. CIT		SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2	RMED NO	If yes, a		n, Mexica	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	is or No-	14. RAC Blac Spec	E — American Indian, ik, White, etc. ://y: WHITE
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CMT	10th 17. FATHER'S NAME (First, Middle, Lest)			DRA	FTSMAN	18. MOTI	HER'S NA	DIETR ME (First, Middle, Maide		ROS.	
n L	SAMUEL C.  19a. INFORMANT'S NAME (Type/Print)	. DISNEY	19	b. MAILING	ADDRESS (Street	and Number		RIAN TAWN		p Code)	
2	NORMAN DISNEY			992	9 LYONS	MILL		D, OWINGS	MILL	S, M	
- 1	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE L		cemetery, cre	ematory or o	<u>MEMORIAI</u>	PK.		1/93 SY	CESVI	-	MARYLAND
7	· a. al	an Sec	it (	2	3818	AN S	EITZ ND A	, JR. FUN	T.TO.	MD.	
, ,	23. PART i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.	soue to (o	Hay a conse	Ð.		la	nd	as cardiec or res	eres	F	Approximate interval Betwee Onset and Dei
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	Chris	QUENCE OF	lerso	ene Zu	le	foclu	u de	esco	ye.
	PART II. Other significent condition	hypo Time	eath but not	resulting	in the underlyin	g ceuse	given in	Part i. 24a. WAS A PERFO	PRMED?	241	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINENT?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:			6 Other (Specify)			
BY PHY	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation	28a. OATE OF IN (Month, Day,		26b. TIM	IURY W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW	INJURY OC	CUREO	
۱ د	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a PLACE OF		ome, farm,	street, factory, offi	ca		28t. LOCATION (Stree City or Town, State	and Numbe	or Rural	Route Number,
COMPLEIE	onel	SICIAN: To the best of m									a) and manner as stated.
וס פב כ	29b, SIGNATURE AND TITLE OF CERTIFIE	M. BAI	Sper			29c. LIC	ENSE NUI	DV43	29d. DAT	7/2	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO SMIPLETED CAUSE	2000	M 27) (Type	34/	57, 1	Pari	PL	Bor	, 2	1200
5	31. DATE FILEO (Month, Oak Mer)	wie Bullion	Maryanet.								

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.
	Į
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
)	THE HOS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									DEATH			
	1. DECEDENT'S NAME (First, Middle, La		F	GNOR				2. DATE OF MONTH	III I V	28,1	75AB 3.	7:2
	Carolyn 1	5. SEX		a. last birthday)	IF UNDER 1 YE	EAR IF UNDER	A LIDE	7. DATE OF	_			ACE (State or I
		1 M 2 K F		YRS.		AYS HOURS	MIN,	(Month, E	Day, Year)		Country)	
	182-28-6630		56					Jaily	12, 1			vlvani
œ	9a. FACILITY NAME (If not institution, give				96. CITY, TO	WN OR LOCATIO	ON OF DE	ATH			Y OF DEAT	
ō	Franklin Square	Hospital			Ross	ville				Bait	imor	^e
EC	10a. STATE 10b. COU	NTY		10c. CIT	TY, TOWN OR L	OCATION			-		10	d. INSIDE CIT
DIRECTOR	Maryland Bal	timore		T-Th-	24 - Wa							LIMITS?
	10e. STREET AND NUMBER	Lunore		WIT	ite Ma	10f, ZIP CODE				10g, CITIZI		T COUNTRY?
B/	11327 Red Lion	Road				2116	2				S. A.	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S	. ARMED	13. WAS	DECENDENT O		IC ORIGIN?	Specify Yea		A RACE -	American Indi
	1 Never Married 2 Married	FORCES? 1		NO	If ye	s, specify Cuba	n, Mexicen	, Puerto Ric			Black, V	Vhite, atc.
ВУ	3 Widowed 4 Divorced	W 123, GIVE V	INN ON DAIES		, ,	125 2.6 NO	Specify:				Specify:	White
E	15. DECEDENT'S E (Specify only highest gr		16a		USUAL OCCU			16b. K	IND OF BUS	INESS/INDU	STRY	VIII 00
E I	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done dunn ise retired.)	ng most of workin	g					
AP.	12		He	ousewi	fe			Ho	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	HER'S NAM	AE (First, Mid		Sumame)		
BE C	Albert E. Ei	selev				Gr	race	Oliv	re Cı	alu		
	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (St	treet and Number					Code)	
5	Harold C. Eg	nor		1132	7 Red	Lion Ro	nad	White	Mare	sh. M	ם [שיון	nd 211
	20a. METHOD OF DISPOSITION			CE AND DATE	OF DISPOSITIO		7 6 4 6 4	DATE		CATION — CI		
3	1 □ Buriel 2 □ Cremation 3 □ R 4 □ Donation 8 □ Other (Specify) _	emoval from State	- Cemetery	v Hil		Gard.	7/	131/97	Ra	ltimo	no N	arvlar
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	12.00		22. NAN	ME AND ADDRES	SS OF FAC	YLITY				arylar
					Dansa		-4 Fr	7	Hame	PA		
	23. PART ). Enter the disesses, a shock, or heart failur iMMEDIATE CAUSE (Finei disesse or condition resulting in death)	s	use on each	ine.	not enter the	zdzinsł 7 Easte 9 mode of dyl	ern A	venue	Ess	sex. I	Maryl et,	Approxim Interval B
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Congress of the Section

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	GISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.	
1. DECE	DENT'S NAME (First, Middle, Last)	W	1010101	- A		2. DATE OF DEATH		3. TIME OF DEA
4. SOC	AL SECURITY NUMBER		OEOBERGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1993	BIRTHPLACE (State or F
215	05-7014			MONTHS DAYS	HOURS MIN.	SEPT-22	911 6	PARYLAND
	LITY NAME (If not institution, give :		7.	9b. CITY, TOWN	OR LOCATION OF E		9c. COUNT	Y OF DEATH
RESIL	804 CH25T	nut Ave		MARK	sille		BAL	Timore
10a. ST/	TE 106. COUNT	TY .	10c. CITY	TOWN OR LOCA	ATION			10d. INSIDE CIT
5 MAI	Wlann Bai	Jimors	P	ARKVIL	L			LIMITS?
	REET AND NUMBER				Of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
<u> </u>	7804 CHES	TOUT A	12		21231	4		.S. A.
	Ver Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	If yes, a	pecify Cuban, Maxic	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.)	ea or No 14	Black, White, atc.
3X w	dowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 YE	S 2 NO Spec	ffy:		Specify:
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S I	ork doos during n	ION post of working	16b, KIND OF B	USINESS/INDUS	30
Elen	entary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT use	retired.)	out of working			
17. FATH	ER'S NAME (First, Middle, Lest)		AT HO	w				
S   17.77		STARINSK	703		m .	AME (First, Middle, Meide	n Sumeme)	
19a INF	ORMANT'S NAME (Type/Print)	SIAKITO		ADDRESS (Street		Route Number, City or To	wn, State, Zip Co	ode)
P F	-AMILY REC	oras	S	AME	As AGO	VE		
	THOD OF DISPOSITION	novel from State	20b. PLACE AND DATE O				OCATION — CIF	y or Town, State
4 🗆 Do	nation 8 Other (Specify)			KELLA		193 1	· mon	ium, MD.
21. SIGN	ATURE OF FUNERAL SERVICE LI	CENSEE		SVA	NO ADDRESS OF F	STOF CHI	mes	
		Ame		232	3 YORK	ROAD -	Timor	nium
23. PA	RT i. Enter the diseases, or shock, or heart failure.	List only one ceuse o	ised the deeth. Do no in each line.				piratory arrea	t, Approxin
	PIATE CAUSE (Final or condition	A	00.DL	500	NOSI	the L.		Onset ar
resulti	ng In death)	DUE TO (OR	AS A CONSEQUENCE OF	): (20)		11	0 -	900
z		b		Cal	aces(U15	HEART	ן-תונטו	BE MC
Seque If any,	ntially list conditions, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE OF	):				
CAUSE	Enter UNDERLYING (Disease or Injury	COUE TO (OR	AS A CONSEQUENCE OF	١.				
	itiated events ng in death) LAST	302.0 (0.1.	A SOURCE OF	,-				
		G						
EDICAL	I. Other algnificant condition		Non-C	1 7	. /-		N AUTOPSY PRMED?	24b. WERE AUTOPSY AMILABLE PRIOR
	1/100.00	4 (0.	,,,,,,,	UISEM	) =	1 TYES	NO NO	OF DEATH?
W :: WAS EXA 1 C 27. MAN						-		1  YES 2
25. WAS	CASE REFERRED TO MEDICAL			28.1	PLACE OF DEATH (C	heck only one)		
	MINER? YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/		OTHER: 4 - Nursing Ho	me 5 - Rasidence	8 Other (Specify)		
27. MAN	NER OF DEATH	28s. DATE OF INJU (Month, Day, Ye	RY 28b. TIME INJU		JURY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED
_ R _	Natural 5 Pending Accident Investigation				YES 2 NO			
	Suicide 8 Could not be Homicide determined	building, atc. (	URY — At home, farm, st Specify)	treet, factory, offi	ce	28t, LOCATION (Stree City or Town, Stat	t and Number or	Rural Route Number,
29a. CE	ITIFIER 450 AFFERMAN SAME				-7.10-and 1921 to		Carl Artica	
	ick only	SICIAN: To the best of my k ER: On the basis of pumin						
8	NATURE AND TITLE OF CERTIFIE			, in my opinion,	29c. LICENSE NU			
	THE PROPERTY OF	" HA			29C. DICENSE NO	196	290. DATE S	GIGNED (Month, Day, Year
29b, SIG	John	- XU ( ICO		1	1)6	0 + 1	1	1 V 1 1 100 4
29b. SIG	E AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	De	0+12	10	LY26 1993
29b. SIG	E AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	Rogo	0+15	10	143P 1463



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•	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dent of Heath and Mental Hyniene polor to burial cremation or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MAR	YLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  CATHERINE  I		DLANDOR	2. DATE OF DEATH MONTH DAY	XEAR 3. TIME OF DEATH				
			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/14/1924	8. BIRTHPLACE (State or Foreign Country) MARYLAND				
e e	9e. FACILITY NAME (If not institution, give street end number) NORTHWEST HOSPITAL CENTER		96. CITY, TOWN OR LOCATION OF D RANDALLSTOWN	EATH 9c. CC BAI	LTIMORE				
DIRECTOR	10s. STATE 10s. COUNTY MARYLAND CARROLL		TOWN OR LOCATION DERSBURG		10d. INSIDE CITY LIMITS?				
_	100. STREET AND NUMBER 6227 OAK HILL DR.		101. ZIP CODE 21784	10g. C	1 X YES 2 NO				
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 1 Y FORCES? 1 Y WAR O	ES 2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Maxic 1  YES 2 N NO Speci	NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.) fy:	USA  14. RACE — American Indian, Black, White, etc. WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			ACCOUNTING	NOUSTRY				
BE CON	17. FATHER'S NAME (First, Middle, Lest) JACOB L. MULLEN	•	18. MOTHER'S NA LILI	ME (First, Middle, Maiden Sumame IAN YOUNG	Ġ				
TO B	190. INFORMANT'S NAME (Type/Print) YALE FRIEDLANDER		OAK HILL DR. EI		Zip Code) 21784				
		20b. PLACE AND DATE OF cemetary, crematory or othe ARLINGIO			— City or Town, State ALTIMORE, MD				
	21. MANURE OF FUNERAL SERVICE LICENTE	eura	\	& BROS., INC.	O., MD 21215				
	23. PARTY. Enter the diseases, or complications that countries the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countries of the countri	n eech line.			interval Between Onset and Death				
CERTIFICATION	disease or condition resulting in deeth)  a. END STACE BLVENTRIQUIAN CONGESTIVE HEART FA' Lupe  OUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERT	resulting in death) LAST								
MEDICAL	PART II. Other significent conditions contributing to deet  HO OLD hay DO  NON-UNECLN  Z	h but not resulting in	the underlying ceuse giver in	Part i. 24a. WAS AN AUTOPS PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: M		4918 TIS			1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/C		26. PLACE OF GEATH (Ch OTHER: I Nursing Home 5 Residence						
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	ir) INJŪI	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY O	CCURED				
	4   Homicide determined building, etc. (	JRY — At home, term, str Specify)	eet, tectory, office	28f. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beet of my king one)  2 MEDICAL EXAMINER: On the beete of examination								
BE	296. SIGNATURE AND TITLE OF CENTIFIER	her.	29c. LICENSE NUI		TE SIGNEO (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P.	RANDALISTO	ST HOS PITA	L Constra				
12	31. PATE FILED (Month, Day, Year)  32. REGISTRAR'S S  32. REGISTRAR'S S  34. Davidson	GNATURE Professor			***************************************				

	FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	RTMENT (	OF H	EALTH DEAT	AND M	ENTAL	HYGIEN REG. NO.	_	93	22186
	1. DECEDENT'S NAME (First, Middle, Last)	GLUCK	EDNA	A	GI	UC	K		2. DATE O	OF DEATH	w7 - 2	5 mm 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 10 3137	5. SEX	8. AGE (In yrs. les	ot birthday) YRS.	IF UNDER 1 Y	EAR MAYS	IF UNDER 2	MIN.	7. DATE C	Dey Year)	1909	8. BIRTHE Country, Ma	ryland
TOR	98. FACILITY NAME (If not Institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DE  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY									ATH			
DIRECTOR	Maryland Balt		ounty	10c. CIT	Pik		vill	.е					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 725 Mt Wilson	Lane				101.	2 1	208			10g. CIT	US F	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 I WAR OR DATES		If y	es, spe	ENDENT OF edity Cuban 2   NO	, Mexican,		(Specify Yes Ican, etc.)	or No-	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed)  College (1-4 or 5	(G	CEDENT'S live kind of . Do NOT u	USUAL OCCI work done duri se retired.)	JPATIO	N st of working		16b.	KIND OF BUS	SINESS/INC	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Samuel Robert	Goldst					Ma	y Fi	ltz				
6	Dr Daniel Gl	uck			E. L							0 Code) 9 1 1 8	
	20a. METHOD OF DISPOSITION  1	movel from State	20b. PLACE cornetery, cre		OF DISPOSITION (Contract)	ON (Na	me of		DATE	20c. LO	CATION -	City or Tow	rn, State
	21. SIGNATURE OF TUNERIAL SERVICE L	Rona	ld Wad	e,Di									Board 21201
1	23/PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the List only one can	use on each line	ı.				g, such	aa cardi	ac or reapi	ratory an	rest,	Approximate Interval Between Onset and Death
	resulting in death)		FUNG!	OUENCE O	HF):								15 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									3 month			
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	OUENCE O	F):								
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1								WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Z Z													1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:		ACE OF DE						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIN	JURY	WO	JRY AT RK? ES 2		28d. DEŞ	CRIBE HOW I	NJURY OC	CURED	
a I	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At he , slc. (Specify)	ome, farm,	street, factory	, office		2		TION (Street a Town, State)	and Number	r or Rural Ro	oute Number,
COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE		Dya	~	(Intern	5		SE NUMB					Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	ISE OF DEATH (ITE	М 27) (Туре	, Print)		SPIT	AL		OO N W	OLFE	ST.	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUL 3 0 1993

A REGISTRAR'S SIGNATURE

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	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	<b>)</b> .	
	1. OECEOENT'S NAME (First, Middle, Last)	Lela Gor	e		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
- 7	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR   IF UNDER 24 HR	O FJUND		BIRTHPLACE (State or Foreign
	242-32-5538	1 🗆 M 2 🔀 F		MONTHS DAYS HOURS MIN	March One March	L.	Country) LITTLE RIVER
œ	9a. FACILITY NAME (If not institution, give Union Memorial	street and number) Hospital		96. CITY, TOWN OR LOCATION OF Baltimore Cit		9c. COUNTY	
CTOR	RESIDENCE OF DECEDENT						
DIRE	MARYLAND	ry	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
AL C	10a. STREET AND NUMBER		BAL	TIMORE CITY		10g. CITIZER	1 YES 2 NO
FUNER	2627 ROBB STRE			21218		UNIT	ED STATES
ВУ	11. MARITAL ST 17-3  1 Never Merries 2 Married  3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 X NO	13. WAS DECENDENT OF HIS If yee, specify Cuben, Mei 1 YES 2 XNO Spe	dcen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. BLACK
ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. OECEDENT'S U (Give kind of wo	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BU	JSINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	DOMES	TIC	
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S	NAME (First, Middle, Maide		
BE (	AGUSTUS BELLAM	Υ			HENDERSO		
5	190. INFORMANT'S NAME (Type/Print) GWENDOLYN BRIC	F		ROBB STREET		2121	de) . 8
	20e. METHOD OF DISPOSITION 1	20	. PLACE AND DATE OF	DISPOSITION (Name of		OCATION — City	or Town, State
	4 Donation 5 Other (Specify)		BALTIMOR	ECEMETERY	7-31 B	ALTIMO	RE MD
	A	COL		WM. C. MAR		101 -	
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do no				NORTH AVE
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one ceuse on	each ilne.		0	matory arrest	interval Between Onset and De
	disease or condition resulting in death)	. 1055 1h	~ '	lm. Embe	stus		2-4hr
_		DUE TO (OR AS	A CONSEQUENCE OF)	:			5-74
	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:			3 +1
CERTIFICATION	CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF)				
E	that initiated events resulting in death) LAST	d	, , , , , , , , , , , , , , , , , , , ,	•			
	PART II. Other significent condition	ns contributing to deeth I	out not resulting in	the underlying cause given	In Part i. 24a. WAS A	N ALITTOPSV	24b. WERE AUTOPSY FINDIN
MEDICAL	MODE	. 2004			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?
					_ /		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		26. PLACE OF OEATN	Charl anti-part		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:			
E	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJURY AT	28d. DESCRIBE NOW	INJURY OCCUR	EO
B	2 Accident Investigation	26s. PLACE OF INJUR	/ — At home form etc	M 1 YES 2 NO	28f LOCATION (Steet	and Mumber or	Post Dark Number
	4 Nomicide 8 Could not be determined	building, atc. (Spe	cify)	ent, tactory, office	28f. LOCATION (Street City or Town, State	)	nurai noute Number,
COMPLET	29e. CERTIFIER CHeck only	SICIAN: To the best of my know	riedge, death occurred	at the time, date end place, and o	tue to the cause(e) end ma	inner as stated.	
O				, in my opinion, death occured at 1			suse(e) end manner as stated
BE	296 SIGNATURE AND TITLE OF CERTIFIE	er M D		29c. LICENSE N	IUMBER		GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI		ATN (ITEM 27) (Type 5	Print)			25/93.
	Dordaneh M	aleki, MD	, Union	Memorial t	tospilal1.	Depl. 1	or Medica
	31. DATE FILED (Glorify, Depolitory)	1 122. PAGISTRAR'S SIN		-	•		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ITEMS: 23 PART I, 27, PER MEO film G-702 8/20/93 t.t

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENI REG. NO.
71CGIGITING 1	CENTIFICATE OF DEATH	HEG. NO

93 22188

	REGISTRAR		CE				WILLER		_					
	1. DECEDENT'S NAME (First, Middle,	est)					2. DAT	TE OF DEATH		1 4 15.	3. TIME OF DEAT	TH		
	BOBBY	I			Gl	REEN					3:40	PN		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Fo			
DESTITION   CERTIFICATE OF DEATH   Figs. No.	Countr	Y)												
	CECUTIFICATE OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. NO.   1. MART OF DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEATH   REG. DEAT													
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S				10c, CIT	Y. TOWN OR LOCA	TION	_				104 INCIDE CITY	,		
CENTIFICATION TO BE COMPLETED BY FUNERAL	MD									ı	LIMITS?			
ا تِ				DA		4 ZIR CODE			40- 017			NO		
VERA		AY AP	r.K											
בַּ		12. WAS DECEDEN	T EVER IN U.S. ARI	MED					or No-	14. RACE	- American India	en,		
à		IF YES, GIVE W	AR OR DATES		1 🗆 YE	2 NO Spec		o Mican, atc.)		1000	fy:			
	15. DECEDENT'S	EDUCATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	10	5b. KIND OF BUS	INESS/IN	DUSTRY	9.3 3:40 PW  a. BIRTHPLACE (State or Foreign Country) MID  NTY OF DEATH  10d. INSIDE CITY LIMITS? 1XXYES 2 NO  ZEN OF WHAT COUNTRY?  S.A.  14. RACE — American Indian, Black, Whita, atc. Specify: BLACK  USTRY  Code) 21223  City or Town, Stata  RE, MARYLAND  H AVENUE  eat, Approximate Intarval Between Onaet and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  FURED  OF Rural Route Number,  add.  a cause(a) and menner as stated.  ESIGNED (Month, Day, Year)			
ᄪ			(Gif life.	Do NOT u	work done during m se retired.)	ost of working								
릴Ⅱ	llth		UNE	MPLC	YED									
δ.	17. FATHER'S NAME (First, Middle, Las	)				18. MOTHER'S N	AME (First	, Middle, Maiden	Sumame)	•				
	AUGUSTUS GREE	N							,					
	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number or Rural	Route Nu	mber, City or Town	n, State, Zi	p Code)				
											3			
	1 200. PLACE AND DATE OF DISPUSITION INVENTE OF 1 DATE 1 20C. LOCATION — City of Inwin State													
1   Burtal 2 & Cremation 3   Removal from Stata   cemetery, crematory or other place   GREENMOUNT CEMETERY   BALTIMORE, MA												)		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	GRADIA	I TOOL			ACILITY	Dill	72 21 10	71.007		_		
- 1	N X	att	AL	044	T-TM CI I	MADOII II	TT /1	101 E	MODII	אר דור	יבו זואים:			
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	IMMEDIATE CAUSE (Finel disease or condition	CHRONIC	ALCOHOLIS	М	F):									
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<u> </u>	CAUSE (Disease or Injury													
Ė	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	d													
		tions contributing to	deeth but not re	aulting	in the underlyin	g cause given in	Part I.	PERFOR	MED?	24b.	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF	TO AUSE		
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		(Month, Da			URY WO	PRK?	200.01	ESCHIBE HOW IN	Juni OC	CONED				
	2 Codelds	28a PLACE OF	F INJURY — At hor	ne lerm e			201.10	CATION (Or - 1 -	- (1)					
	_ O O O O O O O	bullding,	atc. (Specify)		error, factory, offic		Cit	y or Town, State)	na Numpe	r or Hurai H	loute Number,			
OMPLE	(Check only	HYSICIAN: To the best of AINER: On the basis of ex	my knowledge, des	nth occurre	n, in my opinion, o	and pleca, and du	to the c	ause(a) and meni	ner aa ata	ted. he cause(a)	and menner as st	ated.		
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2	30. RAME AND ADDRESS OF PERSON	WHO POWER ETED CAUSE	C IV L	270 /5-	0	U.C.M	. Ľ.			1-24	-1993			
	TUARON					et, Ba	ltir	more,	Mar	ylan	id 212	01		
	0	Julia Savidso	A Mandell	ko. n							<u> </u>			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

spital or attending physician.	ed for use as the burial-transit permit. Pages 1, 2, 3 should		
f hours after death. Page 6 may be retained by the ho	lled in by the funeral director, page 5 should be detac	n, or removal.	e medical examiner must be notified at once
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or Item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH				
	Shirley	3	Gun	dy						7-26-9	3	YEAR	м				
	4. SOCIAL SECURITY NUMBER 212-46-4		5. SEX	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	DAY8	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTHI Coupto	PLACE (State or Foreign				
	9e. FACILITY NAME (If not in	nstitution, give s	street end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			NTY OF DE	EATH				
10 10 10	8258 VO	ges R	d								Вха	1 to					
DIREC	10a. STATE Md	Bal		3	10c. CIT	Y, TOWN O			W				10d. INSIDE CITY LIMITS? 1 YES XX NO				
BAL	100. STREET AND NUMBER 8258 Vog	es Rd		4/5			10	7. ZIP COD	244		10g. CITIZEN OF WHAT COUNTRY?						
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X			If yes, sp		m, Mexice	HC ORIGIN? (Specify Yea n, Puerlo Rican, etc.)	pa or No- 14. RACE American Indian, Black, White, etc. Specify: Black						
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C 1 2 t n	EDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of the Do NOT u	work done			16b, KIND OF BUSINESS/INDUSTRY								
E CON	17. FATHER'S NAME (Flost, M. Clinton	Greer	1							ME (First, Middle, Malden erine A	Sumame)	ns					
TO BE	Catherine		een	1	4636	CO	s (Street e	arn	Rd	Balto,	d 2	1°2"2 9					
	206. PLACE AND DATE OF DISPOSITION 1 O Burlet 2   Cremation 3   Removal from State   206. PLACE AND DATE OF DISPOSITION   Name of 2   206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOCATION - City of Town, Sh. 206. LOC										wn, State Md						
											Ave						
	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	sart fallure.	List only ons cs	use on each lin	ns.						ratory an	rest,	Approximats Interval Batween Onset and Daath				
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate ING	c	OR AS A CONS	EQUENCE O	)F):	ıll	i tu	<u>s</u>	415							
CERTIF	that initiated events resulting in death) LAS	T L	d	TON AS A CONS	EOUENCE O	··· ).					1.53						
MEDICAL		rbid	obesity 2 nonce			In the ur	nderlyln	g cause	given in	Part I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:					LACE OF E	DEATH (Ch	eck only one)							
, XSI	1 TES 2 NO		1 Inpatient 2				sing Hor		eeldence	8 Other (Specify)							
ВУ РН	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	26a. DATE OF	Day, Year)		JURY M	1 🗆	JURY AT DRK? YES 2 [	<u></u> №0	28d. DESCRIBE HOW I	NJURY OC	CURED					
									loute Number,								
3   Sulcide 4   Could not be determined   Specify   Sulcideration   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)   City or Town, State)											) end menner as stated.						
TO BE C	296. SIGNATURE AND TITLE	S.	Lahr	mo				29c. LIC	391	MBER (p	29d. DAT	E SIGNED	(Mornin, Day, Year) 9/93				
-	JOEL S		HN M.C			Spr	ins	Rd.	Lut	thorville	mo	210	93				
1	JUH 100	993	Julia David	AR'S SIGNATURE	412												



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	D.				
1. DECEDENT'S NAME (First, Middle, Las				2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH			
Maillill	· H. Hir	DZ. NO		15 KM 27	1993	1			
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign			
28 14 2144	15⊠ M 2 □ F	7.5 YRS.	MIN.	(Month, Day, Year)		ARYLAND			
9a. FACILITY NAME (If not institution, giv	e street and number	70	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY C	111 1/ 12 11 10			
T a = C.			0	DEATH	SC COUNTY C	T DEATH			
RESIDENCE OF DECEDENT	irbrin n	Inok.	BALLIMORE						
10a. STATE 10b. COU	NTY	10c CITY	TOWN OR LOCATION			10d. INSIDE CITY			
200		100.01.1,				LIMITS?			
MARYLAND BE	MIMORE		PARKS			1 TYES 27 NO			
10e. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?			
16012 FAUS 1	CO AO		21152		U.S	.A.			
11. MARITAL STATUS	12. WAS DECEDENT E		13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	a or No- 14. F	ACE — American Indian,			
1 Never Married 2 Married	FORCES? 12K	YES 2 NO	If yes, specify Cuban, Mexi			Black, White, atc.			
3 ₩ Widowed 4 Divorced	W. W.	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa			( )	0.4.0			
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b, KIND OF BU	JSINESS/INOUSTR	00///			
(Specify only highest gra Elementary/Secondary (0-12)		(Give kind of wo	rk done during most of working retired.)						
O VOS	College (1-4 or 5+)	Plum	0:0						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of twork done during most of working life. Do NOT use retired.)  PLUMBLE  18. MOTHER'S NAME (First, Middle, Maiden Surname)									
17. PATHER'S NAME (FIRST, MIDDIE, LIST)	110		18. MOTHER'S I		n Sumame)				
KANDOLPH	MINOLE			ARY					
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Run	al Route Number, City or Tox	wn, State, Zip Code	)			
FAMILY KER	2090:	5	AME AS ABO	IVS					
20s. METHOD OF DISPOSITION		20b. PLACEAND DATE OF			OCATION — City of	r Town. State			
A Donation 5 Other (Specify)	moval from Stata	cametery, crematory or oth	er place)	7-30- P	ak 713-	m 1 -			
21. SIGNATURE OF FUNERAL MUNICE	LICENSEE	1, JOURTHUO	BUOKIAT LAKY	93 IN	win	1 (ARYLAND			
21. Side of the same	LICENSEE		22. NAME AND ADDRESS OF	TOFMEN	orizs				
Kala de	Kansa		8800 HARFO	^	Part -1	1-			
23. PART I. Enter the diseases, of shock, or heart fellur	or complications that con. List only one cause	eused the death. Do no	t enter the mode of dying, so	ich aa cerdlec or reap	piratory arrest,	Approximate Interval Between			
IMMEDIATE CAUSE (Final		on outsi into				Onset and Deat			
disease or condition	KEEP	RALARY	FAILURE						
resulting in death)	DUE TO (O	R AS A CONSEQUENCE OF	- FIGO INC.						
	r of	20							
Sequentially list conditions,	b. DUE TO (O	R AS A CONSEQUENCE OF							
if any, leading to immediate cause. Enter UNDERLYING	002.00	THE R CONSEQUENCE OF							
CAUSE (Disease or Injury	C	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
thet initiated events resulting in death) LAST	DUE 10 (O	R AS A CONSEQUENCE OF)							
resulting in death) CAST	d								
PART II. Other algolificant conditi	ione contributing to de	noth hut not constitue to	the ameliation series at the	- Carl Inches					
TAIT II. OUIGI MIGHTONIA CONGIL	one contributing to de	seur but not reediting in	the underlying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
				1 TES	ZE NO	COMPLETION OF CAUSE OF DEATH?			
						1   YES 2   NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	Check only one)					
EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:						
27. MANNER OF DEATH			Nursing Home 5 Residence						
	28s. DATE OF IN. (Month, Day,	JURY 28b. TIME Year) INJU	RY WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE				
1 Natural 5 Pending 2 Accident Investigatio	n		M 1 TYES 2 NO						
3 Suicide 8 Could not b	26a, PLACE OF II building, etc	NJURY — At home, farm, str	reet, factory, office	261. LOCATION (Street	and Number or Ru	ral Route Number,			
4 Homicide determined		or (observit)		City or Town, State	5)				
29a, CERTIFIER	and the same of the same	The second second	War the same and a same and		WING WORK				
(Check only			at the time, data and place, and d						
2 MEDICAL EXAM	NER: On the baals of exam	mination and/or investigation	, in my opinion, death occured at I	he time, data end place, a	end due to the cau	se(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIF	TER		29c. LICENSE N	IMAFO	294 DATE SIG	NED (Month, Day, Year)			
AD _ H-	140		Lett Elvelige in		T T	100 1000			
SO HAME AND ADDRESS OF THE	Momen	05 451511 45	W		I Jul	778/1792			
30. NAME AND A CORESS OF PERSON	WHO COMPLETED CAUSE	OF GEATH (ITEM 27) (Type, I				.)			
DR. ALLEN HET	DAMAN	1252 5661	IRGIOWN RO	AO - Mikes	sville -	#=365			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
JUL 3 0 1993	from there	lan-Andreas							

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the source after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



93 22191

		REGISTRAR	CERTIFICATE OF DEATH						REG. NO.				7	
	19	1. DECEDENT'S NAME (First, Middle, Lest) RON	RONALD EI HOOD	DWARD H	HOOD				MON		AY	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	il birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	JUL 7. DATE	OF BIRTH	1993		5:00 a.m	M
2	1	213–86–3266	1 🔀 M 2 🗆 F	27	YRS.	MONTHS	DAYS	HOURS MIN.	Ap	th, Day, Year)	1966	Country)	land	Ė
3 should	æ	9a. FACILITY NAME (If not institution, give s						R LOCATION OF D				NTY OF DE		
5.2	010	THE JOHNS HOP	PKINS HOSP	ITAL		BA	LIII	MORE CIT	Υ		BAL	TIMOR	RE CITY	_
permit. Pages	DIRECTOR	10s. STATE 10s. COUNT Maryland	Υ		11/1-11	Y, TOWN O		TION				1	IOd. INSIDE CITY LIMITS?	_
srmit.		10e. STREET AND NUMBER			Dal	timo		ZIP CODE			10a CIT		YES 2 NO	_
Sit	FUNERAL	216 W. Madison Av									Uni		States	
21215-0020  J or attending physician.  for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 K		11	f yes, sp	ecity Cuban, Maxic	HISPANIC ORIGIN? (Specify Yes or No— Maxican, Puerto Rican, stc.)  Specify:  14. RACE — A., Black, White Specify:  Specify:					
- <u>-</u> -	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	USUAL OC	CUPATIO	ON st of working	16	b. KIND OF BU	SINESS/INC	OUSTRY				
© 25 0	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		omet:				7	/ision	Cent	er		
e de P		17. FATHER'S NAME (First, Middle, Last) Durwood Hood						18. MOTHER'S NA			Surname)			
MARYI retained by 5 should be notified at	BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	Angela Hernandez  NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								_
5 5 5	5	Angela Moles						, Apt. 1					21061	
# & a = =		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State	20b.PLACE A	AND DATE O	OF DISPOSI	TION (Na	me of	DA	TE 20c. LO		City or Tow		
ALTIMOF leath, Page 6 m funeral director, xaminer mus		4 ☐ Donation 5 ☐ Other (Specify) ☐  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Metro	Cre	mato 22.1	ry,	Inc. 7-	31;-9.	3   Ca	tonsv	ille	Marylan	d
funer.		· Kill	1/11	2		Ki	rkle	ey-Ruddi	ck F					
after after by the cal		23. PART I. Enter the diseases, or	compilcations that co	sused tha da	ath. Do n	ot anter	tha mo	da of dying, suc	· , S	diac or reepi	ratory sri	rnie,	MD 2106	1
P o E		immediate cause (Final	List only one ceuse	on each line							·		Onset and De	
760, ed within 24 ompletely fille ul, cremation, event, the		disesse or condition resulting in death)	. neum	AS A CONSEC									Iwk	
B 2 2 8	z		. AIDS	AS A CONSEC	JUENCE OF	-):							32 min	n.
A C - 51	RTIFICATION	Sequentisity list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)												(2)
phys phys per part per per per per per per per per per per	FIC	CAUSE (Disease or injury that initiated events	c. ACUTE DUE TO (OF	AS A CONSEC			ure						lwt	_
T the state of	CERT	resulting in death) LAST	tapo	515	S	arc	CM	na					16m	15
이 월 후 를 들		PART ii. Other significent condition	e contributing to de	ath but not n	eauiting i	n the un	derlying	ceuee given in	Part I.	24s. WAS AN			VERE AUTOPSY FINDIN	igs
s that	DICAL									PERFOR	1		WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	Ε
Y 2 8 0 5	ME											1	☐ YES 2 ☐ NO	
Z3 the CZ	IAN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (C)	eck only o	ne)				_
SICIAN: The Sertificate It the State It or Item	/SICI	1 WES 2 16	HOSPITAL:	3/Outpatient 3	□ DOA	OTHER	1:	e 5 🗆 Residence						
S F signal E	ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJ (Month, Day,	IURY Year)	28b. TIMI	E OF URY M		URY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
TTENDING TOR: After after death 28 Is ma	9	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	IJURY — A1 ho	me, ferm, s	treet, facto	ery, office	•	281. LOI City	CATION (Street a or Town, State)	and Number	or Rural Ros	rte Number,	_
Bour Disk	Ē	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my	knowledge de	eth conum	ad an abou ale			4		-		-	_
로 작전 =	COMPL	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exam	instion and/or i	nvestigstio	n, in my op	oiníon, d	esth occured at the	time, dat	use(a) and mar a and place, an	d due to th	e cause(a) :	ind manner as states	1.
ETHE HOSPI GTI FUNE E within	BE C	29b. MONATURE AND TITLE OF CERTIFIED	01	٥				29c, LICENSE NU	MBER		29d. DAT	E SIGNED (A	fonth, Day, Year)	
西南	5	30. NAM AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (	DE DEATH //TEA	1 27) /Time	Print1					•	+12	9 93	
		Lawrence	Gardi	nor	- erj (iype,	Jo	hr	13 14	ota	ns H	OSI	y tr		
_ //	-	31. DATE EN ED (Month Day, Year)	( TE HEGISTEANS	GIGHATUBE_					1-0		-	7		_

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIEN		22132				
- 1	1. DECEDENT'S HAME (First, Middle, Last)	CIRYDON Joh	rson IZ		2. DATE OF DEATH		3. TIME OF DEATH				
	BABY Henry BO	DELIO WILL			1	4. 199					
3	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In yrs.	lest birthday) F UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	BIRTHPLACE (Stany or Foreign				
	9e. FACILITY HAME (If not institution, give st		9b. CI	TY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH				
OR	THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE (	1/4	BALT	IMORE CITY				
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY TOWN	OR LOCATION	0		10d. IHSIDE CITY				
DIRECTOR	mary/md		BAI	Timore		LINUTE?					
FUNERAL	2922 W. M	osher SI	4	10f. ZIP CODE	6	10g. CITIZEN	OF WHAT COUNTRY				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	RMED 13	. WAS DECENDENT OF HISPA	NIC ORIGIH? (Specify Ye	s or No— 14.	RACE — American Indian,				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	JNO	If yes, specify Cuben Mexic  1 YES 2 10 Speci			Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL (Give kind of work don the Do NoTruse retire)	OCCUPATIOH e during most of working	16b. KIHD OF BU	SIHESS/IHDUST	ry .				
Ö	17. FATHER'S NAME (First, Middle, Log)	1.1	U	18. MOTHER'S NA	ME (First, Middle, Mylider	Surname) /					
BE (	Henry C,	MANSON	TK	VALA	-10 Y	siller					
70	(9a, INFORMANT'S NAME (Type/Print)	In: 1/en	196. MAILING ADDRE	SS (Street end Number or Rural	Route Number, City or Tov	yn, State Zip Coo	12111				
	20a HETHOD OF DISPOSITION	20b. PLAC	EAHD DATE OF DISPO	SITIOH (Name of	DATE 20c, LO	CATION — City	or Town, State				
	1	oval from State	rematory pyother plac	Alat TANK	1/29 1	Alto	Co. Mrd.				
	21. STRATURE OF FUNERAL SERVICE LIC	ENSEE 1	2 2	NAME AND ADDRESS OF FA	ENY SE	Ixler	of Home				
	1 boell	Vd. Ku		262 1	1/2 th 1	1200	Salt Anlara				
	23. PARY i. Enter the diseases, or c	omplications that coused the	deeth. Do not ente	er the mode of dying, auc	ch as cerdiec or resp	iratory errest,	Approximete				
	IMMEDIATE CAUSE (Final	list only one cause on each iii					interval Between Onset and Deeth				
	diseese or condition resulting in death)	DUE TO (OR AS A CONS	Hemo	orrhage			1840 _				
_		Hyaline M	EOUENCE OF):	DISPUSE			2127				
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS		2 0100100							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	Extreme	Prema	hurity			24 Krs.				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):								
H	leading in death) Exs										
AL (	PART il. Other aignificent conditione	contributing to deeth but not	resulting in the u	inderlying cause given in			24b. WERE AUTOPSY FIHDINGS				
					PERFO	···········	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
ME						-	1 🗆 YES 2 😿 NO				
PHYSICIAN: MEDIC											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (Ch	eck only one)						
IXS	1 VES 2 NO	1 Inpatient 2 ER/Outpatient	3 DOA 4 N	raing Home 5 - Rasidence	8 Other (Specify)						
	27. MAHHER OF DEATH  1 Metural 5 Pending	(Month, Day, Year)	26b. TIME OF IHJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	NJURY OCCURE	ED				
Β¥	2 Accident Investigation	280. PLACE OF INJURY At I	Toma form street to	1 YES 2 NO							
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Specify)	ronre, latin, attest, la	ctory, office	261. LOCATION (Street City or Town, State)	end Number of R	ural Route Number,				
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge,	feath occurred at the	time, date end place, and due	to the cause(s) and me	oper as stated					
ĕ I	one) 2 MEDICAL EXAMINER	: On the basis of axemination end/o	r Investigation, in my	opinion, death occured at the	time, date and place, er	nd due to the ce	use(s) end menner as stated.				
O I	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			GNED (Month, Day, Year)				
TO BI	J. Kuratroush	MD		L428			24/93				
F	J. KWIGHKOUSKI,	MD JOHNS HONK	EM 27) (Type, Print)	tal, 600 N.U	blest Pal	himore	MD				
1	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				,					
	JUL 3 0 1993	Julie Devidon Por	Little								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

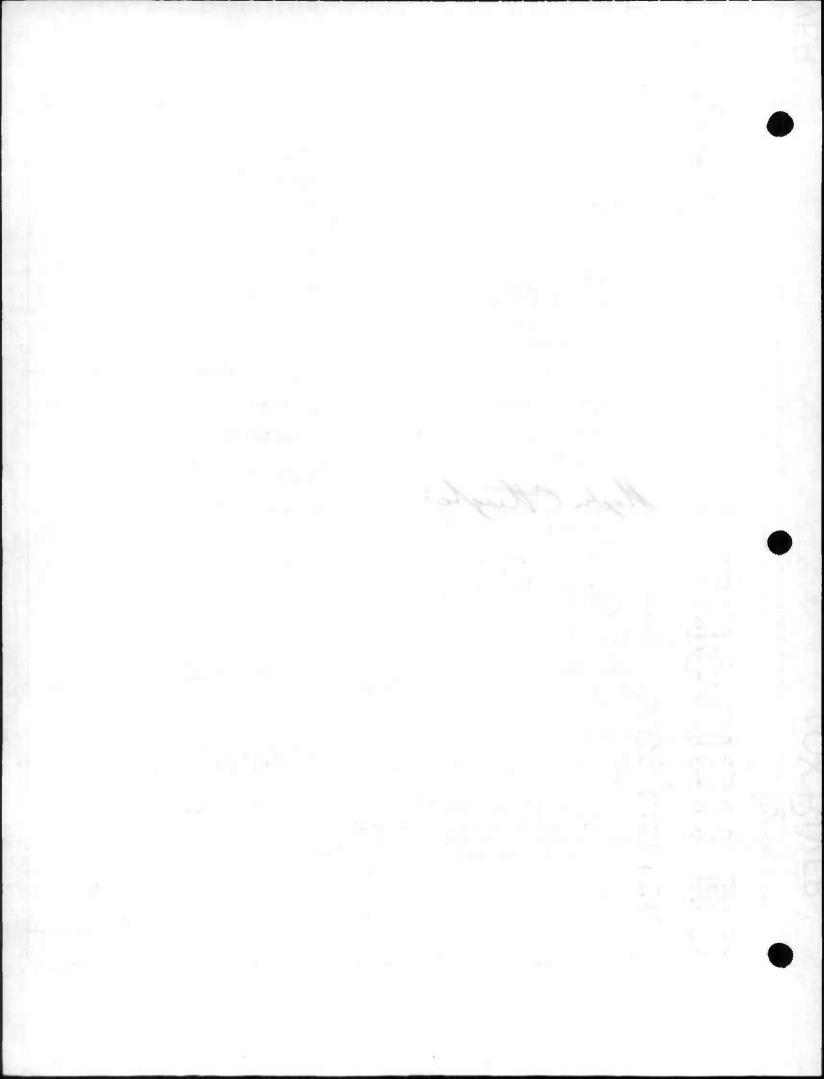
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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and with

	1, 2, 3 should	
	Pages	
YSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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HE HOSPITAL OR ATTENDING PH	after dea	necessary, is the modern on the modern on the property of the property of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern of the modern o
AL OR A	AL DIREC	4 04-
HOSPITA	FUNERA within 7	Separate .
TO THE	THE THE De filed	2000

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEI REG. NO	- 1	22193				
	1. DECEDENT'S NAME (First, Middle, Lest) Ethel Pearl Jest	er				2. DATE OF DEATH MONTH July 1	l ^{AY} 199	3. TIME OF DEATH 3 4:35 p M				
	4. SOCIAL SECURITY NUMBER 218-24-7351 90. FACILITY NAME (If not institution, give st	1 □ M 2 🛣 F 88	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 21,		BIRTHPLACE (State or Foreign Country) Maryland OF DEATH				
TOR	114 Mill Street			Greens		Ca	roline					
L DIRECTOR	MD Card  10e. STREET AND NUMBER	oline	10c. CITY,	Greens			10a CITIZEN	10d. INSIDE CITY LIMITS? 1 ST YES 2 NO OF WHAT COUNTRY?				
FUNERAL	114 Mill Street				21639		U.S.	Α.				
BY FU	11. MARITAL STATUS  1 Never Merried 2 Temperated  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		ilC ORIGIN? (Specify Y n, Puerto Rican, etc.) /:		RACE — American Indien, Black, Whita, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondary (0-12)		me. Do NOT use t	k done during mo etired.)	ON st of working		USINESS/INDUST					
COM	3rd   17. FATHER'S NAME (First, Middle, Last)   Charles Hutson		seamst	ress		ME (First, Middle, Maide	n Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) Genevieve Knolls				nd Number or Rural	Route Number, City or To	right Hutson Number, City or Town, State, Zip Code) elaware 19943					
	20e. METHOD OF DISPOSITION  1 Duriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	OCATION — City										
	21. SIGNATURE OF FLINITIAL SERVICE LIC		Greensbord	Flee	D ADDRESS OF FA	outy enbein Fur	neral H					
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS						Onset and Death				
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition Endstage	es contributing to death			g ceuse given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)							
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUP	RED				
TED BY	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, str ec/fy)	eet, factory, offic	•	2ef. LOCATION (Stree City or Town, Sta	et end Number or te)	Rural Route Number,				
COMPLETED	CONSCI UNITY	ICIAN: To the best of my kno						ause(a) and manner se stated.				
BE BE	296. SIGNATURE NO TITLE OF CENTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year  7 / 12 / GR											
2	30. NAME AND ADDRESS OF PERSON WE	mD 92	20 Mari		Dent	on Md	2 216	29				
	JUL 19 '93	30. REGISTRAR'S SIG	n-Handell									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN		30	2219		
	1. DECEDENT'S NAME (First,	Middle, Last)		Jo	HN:	SON				2. DATE MONT	OF DEATH	AY 7	YEAR 93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUME 213-28-6098	ER	5. SEX 1  M 2  F	6. AGE (In yrs. Ia		IF UNDER 1		IF UNDER 2	MIN.	(Monti	OF BIRTH h, Day, Year) 23-31					
OR	90. FACILITY NAME (If not in MERCY HOSPI	stitution, give s	treet end number)					LOCATIO				9c. COUNT	9c. COUNTY OF DEATH			
당	RESIDENCE OF DEC	10b. COUNTY	,		Tan an											
DIRECTOR	MD	IOO. COOK!			1	y, town of BALTII		7.66						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ĭ¥.	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZE	N OF W	HAT COUNTRY?		
Ü	611 S. CH	IARLES	STREET					2123	0			U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	11	yee, spe	ENDENT OF Cuben, 2 XNO	, Mexica	n, Puerto 1	17 (Specify Yes Ricen, etc.)		No — 14. RACE — American In- Black, White, etc. Specify:			
COMPLETED	15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5	+)	live kind of a b. Do NOT us		ring mos	N st of working		16b. KIND OF BUSINESS/INDUST				BLACK		
₽ P	12th				UNEME	LOYE	0									
ш	17. FATHER'S NAME (First, Mi	iddle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)												
TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  20770															
	WESLEY JOHN 200. METHOD OF DISPOSITI								NE A							
	1 Donation 5 Other	n 3 🗆 Reme	oval from State	20b.PLACE cemetery, cre GREEN	ematory or of	ther place)				OATI		CATION — CH				
	21. SIGNATURE OF FUNERAL  Bemo	L SERVICE LIC	ENSEE Dy got	moun		22. N	AME ANI	ADORESS CH	OF FAC	CILITY	EAST			np 21202		
	23. PART i. Enter the di	seasea, or c	omplications the	t caused the de	ath. Do n	ot antar t	ha mod	la of dyin	g, such	h as card	liac or respi	ratory arres	it.	Approximata		
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	rait ianura.	A 5	Pina to	ioh	P	1	mos						interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditi If any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	diata NG Ty	D	(OR AS A CONSE												
MEDICAL C	PART II. Other significan	B.J.	contributing to	Stro	resulting i	n the und	arlying	cause giv	van in I	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL		1			26. PLA	CE OF DEA	ATH (Che	ick only on	a)					
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:										
		ending	28e. OATE OF (Month, D	INJURY	28b. TIME INJ	OF 2	8c. INJU WOR	RY AT			CRIBE HOW IF	JURY OCCU	REO			
BY	3 Suicide 6	ofuld not be	28e. PLACE O building,	F INJURY — At he	me, farm, s	treet, factor				28t. LOCA	LOCATION (Street end Number or Rural Route Number, City or Town, Stete)					
Ш	4 Homicide	letermined														
COMPLETED	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the tim	e, date e	and plece, e	and due	to the cau	se(s) end man	ner ee stated.	. councies	end manner as stated.		



31. DATE FILED (Month, Day, Year) JUL 3 0 1993

32. REGISTRAR'S SIGNATURE

11201445-316-

1	_	STATE
		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEA MONTH,											AY YEAR 3. TIME OF DEATH  2 93 920 SUMM		
		4. SOCIAL SECURITY NUMBER	JAMES 5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH			E (State or Foreign	
pine		21614 7870 96. FACILITY NAME (If not institution, give st	1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) AUG-24 198		DARYL	A00	
2, 3 should	DIRECTOR	Sina Haspi	AL			B	-	inc		un ,	9c. COUNTY	OF DEATH		
Pages 1,	JEC.	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR	LOCA	TION				10d.	INSIDE CITY LIMITS?	
		MARYLAND BAKT	imore		1	ARK	(10)	-				1 🗆	YES 2 NO	
(F)	ERAL	100. STREET AND NUMBER	a P. 00				10	f. ZIP COD			10g. CITIZEN	OF WHAT	COUNTRY?	
	FUNE	17411 BUSHLAC	12. WAS DECEDENT		MED	13. W	AS DEC	211		C ORIGIN? (Specify Yes	or No.— 14	RACE - A	mericen Indian.	
ding physi	B∀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NAR OR OATES	10			ecify Cube 2 2 NO		, Puerto Rican, etc.)		Black, White Specify:	mericen Indian, te, etc.	
21215-0 al or attending for use as the	回	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	ive kind of w	USUAL OCC	CUPATIO	ON ost of workle	ng	16b. KIND OF BUS	SINESS/INDUS	TRY		
	MPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	Do NOT use	(.beriter e								
LAND the hospit detached	COMPI	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	IE (First, Middle, Maiden	Surneme)			
RYL ed by 1	8	1 Homas Ot	100		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
, MARYLAND be retained by the hospit le 5 should be detached a notified at once.	5	190. INFORMANT'S NAME (Type/Print)	ROS	191	SA	ADDRESS	Street	and Number		oute Number, City or Tow	n, Statu, Zip Co	de)		
BALTIMORE, for death. Page 6 may be the funeral director, page wal.		20e. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rame  4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE A	matory of oth	her place)	ION (No	ema of		DATE 20c. LO	CATION - City	or Town, S	tate	
ALTIMOR death. Page 6 ma e funeral director, id. examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N			SS OF FAC	= CHIMES	11 0015	1112		
BAL rs after deati n by the fune removal.		Jang De	Lond			23	32	YOR	K Re	Name of Street	Baive	2		
68760, Executed within criours after and completely filled in by the oburial, cremation, or removement event, the medical	NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	boe 10	(OR AS A CONSEC	JUENCE OF	):	cre	ma	1 +	pressure			gneet and Death days	
P.O. BOX th certificate be ending physician if Hygiene prior to other traus	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	2	(OR AS A CONSEC										
		PART II. Other aigniticant condition	s contributing to	deeth but not r	esuiting is	n the und	erlyin	g ceuse	given in f	Part I. 24s. WAS AN			E AUTOPSY FINDINGS	
RECORDS, w requires that the deal been signed by the att tt, of Health and Menta shows any injury.	: MEDICAL	Reval fair	lore								24a. WAS AN AUTOPSY PERFORMED?		ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \( \subseteq \text{ NO} \)	
AL has	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Che	ck only one)				
E VITA SICIAN: The certificate In the State I, or Item	YSIC	1 YES 2'S NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		ne 5 🗆 Re	esidence é	Other (Specify)				
0	ВУ РН	27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	26e. OATE OF (Month, Da		28b. TIME INJU		WC	JURY AT DRK? YES 2		28d. DEŞCRIBE HOW I	NJURY OCCUP	RED		
OIVISION OF OR ATTENDING PHYS DIRECTOR: After this hours after death with Item 28 is marked.	ETED E	3 Suicide 6 Could not be detarmined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, lector	y, offic	•		281. LOCATION (Street a City or Town, State)	and Number or	Rurel Route I	Number,	
= 24 F	COMPLE	J II 290, CERTIFIER											manner se stated.	
TO THE HOSP! TO THE FUNER be filed within IMPORTANT:	B	29c. LICENSE NUMBER 29d. DATE SIGNED (Month												
	0	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUS	SE OF DEATH (ITE	892 892	Print)	W	hitst	اند	Court P	in (t	ell mi	85112	
	10	31. DATE FILED (Month, Day, Year) JUL 3 0 1993	32. REGISTRA	R'S SIGNATURE	2	bre		6	1/2	1	1			

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tra be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFICA	TE OF D	EATH	REG. NO	O.					
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH				
William Frederic	k King				July 22, 1		8:50 p.				
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. 12 M 2 F 7 3	inst birthday) IF U	_	F UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)				
9a. FACILITY NAME (If not institution, give			CITY TOWN OR I	OCATION OF D	7-4-19		rginia				
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore VA Medical Center  BALTIMORE  n A										
10a. STATE 10b. COUN		Balti	WN OR LOCATION				10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER	BAITIMORE CO	Daiti		P CODE	loodlawn)		1 YES 2 NO				
2406 Potteri	2406 Potterfield Road 21244										
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES	□№	13. WAS DECENI If yes, specifi 1 YES 2	y Cuban, Mexica	IIC ORIGIN? (Specify Yon, Puarto Rican, atc.)	es or No— 14. RAC Blac Spe	E — American Indian, ck, Whita, etc.				
15. DECEDENT'S ED	UCATION 16e.		L OCCUPATION		16h KIND OF BI	ISINESS/INDLISTRY	WILLE				
(Specify only highest grad Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of work done during most of working										
17. FATHER'S NAME (First, Middle, Last)			1	L MOTHER'S NA	ME (First, Middle, Maide	n Surname)					
Frederick Kin				arah	O'Neill						
Daniel King Mary King		196. MAILING ADD	tterf:	Number or Rural	d, Balto,	MD 2124	4				
Daniel King  Mary King  2406 Potterfield Rd, Balto, MD 21244  1900 R Universal Rd, Pittsburg, PA 15235  20s. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from Stata  4 Donation 5 Other (Specify)  DATE  20c. LOCATION - City or Town, Stata											
21. SIGNATURE OF FUNERAL SERVICE L	Ronald Wad	de,Dir	22. NAME AND	ADDRESS OF FA	GLITY State	Anatom	y Board				
Surand/10	alle				moreSt, I		21201				
23. FART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in daath)	a. Cur ( oc a Due to on as a cons	An.	- fle	m of a	sa cardiac or real	piratory arreat,	Approximata interval Betwee Onset and Dea				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS  C.  DUE TO (OR AS A CONS  DUE TO (OR AS A CONS	SEQUENCE OF:	tery	disea dis	ease lighte	Molli	the				
PART ii. Other significent condition	ens contributing to deeth but no	t resulting in the	underlying c	ause given in	Part I. 24a. WAS A	NAUTOPSY 24	b. WERE AUTOPSY FINDING				
Block	taileure,	acu	tt		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	OF DEATH (Ch	eck only one)						
1 TYES 2 (NO 27. MANNER OF DEATH	1 Sempeter 2 ER/Outpatient	3 DOA 4 D			8 Other (Specify)						
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	28c. INJURY WORK	2   NO	28d. DESCRIBE HOW	INJURY OCCURED					
3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - At	home, ferm, street,	factory, offica		281. LOCATION (Street City or Town, State	and Number or Rural	Route Number,				
	om	or Investigation, in	ny opinion, deati		time, data and placa, a	nd dua to the cause	a) and manner as stated O (Month) Day, Year)				
12- L- 1	10 0 m & B  32. RECIPTRAR'S SIGNATURE  34 Admin of anniham		an c	a	De	neor	NV)				
31. DATE FILED (Month, Day, Year) 7/22 JUL 30 19	93 Jahre de arrivam	Rudoll									

1	•	FOR STATE REGISTRAR
		HEGISTIAN

CUADIEC	Middle, Last)						9 119		2. DATE OF DEATH	MAY	VEAG	3. TIME OF DEATH
CHARLES		HENRY	HENRY			KRESSLEIN			<b>107</b> 28		93	11:57 PM
4. SOCIAL SECURITY NUMB			5. SEX 8. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	THPLACE (State or Foreign
220-07-1556		1 🖾 M 2 🗆 F	71	YRS.	months	UNIS	HOURS	MIN.	Oct.28,19	21	Mary	land
	a. FACILITY NAME (If not institution, give street and number)				96. CIT			ON OF DE	ATH	9c. COUNTY OF DEATH		
NORTH ARUNDEL HOSPITAL ASSOCIA				IATION		GLEN	BUR	NIE	ANNE ARUNDEL			
RESIDENCE OF DEC	10b. COUNTY			10c, CI1	Y. TOWN	OR LOCAT	ION		1404			10d. tNSIDE CITY
Maryland	Balti	more			Cows							LIMITS?
10e. STREET AND NUMBER	Darer	MOLE			LOWS		ZIP CODE			10a C	TIZEN OF V	1 TYES 2 NO
305 Garden	Rd.						2128				S.A.	WILL COOKITATY
11. MARITAL STATUS	Itu.	12. WAS DECEDENT	EVER IN L	J.S. ARMED	13	WAS DEC			C ORtGtN? (Specify Ve			
1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 X YI IF YES, GIVE WAR OF			YES OR DATE	2 NO If yes, specify Cuban, Max					can, Puerto Rican, etc.) Black, W			k, Whita, atc. //y:
15. DEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0		College (1-4 or 5+)		life. Do NOT u	se retired.	auring mo	at the WORKIN	TV				
12		1		Warehou	ise (	Grain	Exa	mine	r U.S. D	ept.	of A	gricultu
17. FATHER'S NAME (First, M			T	TUTTU					IE (First, Middle, Maide			
Frank J. Kr		n					Marg	garet	M. Blank			
19a. INFORMANT'S NAME (7)							nd Number	or Rural A	oute Number, City or Tox	vn, State, a	Zip Code)	
Karen A. Kr	esslei	n		Same	as	# <b>T</b> O						
20a. METHOD OF DISPOSITI		oval from State	20b. P	LACE AND DATE	OF DISPO	SITION (Na	me of		DATE 20c. L	CATION -	— City or To	own, Stata
4 Donetton 5 Other (Specify) Hilltop Service Corp. 8/3/93 Towson, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY RUCk Towson Funeral Home, Inc.												
> (Wal)	loro	C R.	-l	.0.					, Towson,			)4
disease or condition resulting in death)  a. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
that initiated events	T											
that initiated events resulting in death) LAS	ent conditions	s contributing to o	death but	t not resulting	in the u	inderlyln	g ceuse ç	given in F	Part I. 24a. WAS AI PERFO	RMED?	246	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other algnifice	ont conditions	ноѕружь				28. PI			PERFO	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other algnifice  25. WAS CASE REFERRED DEXAMINER?  1 YES 2 100	ont conditions	HOSPITAL:	ER/Outpet	lent 3 🗆 DOA	OTHE	26. Pt FR: Irsing Hom	ACE OF D	EATH (Che	PERFO 1   YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other algnifice  25. WAS CASE REFERRED D EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5	ont conditions	HOSPITAL: 1Impatient 2 28e. DATE OF (Month, Day	ER/Outpat NJURY y, Year)	ient 3 □ DOA 26b. Tin	OTHE 4 Nu ME OF JURY	28. Pt R: rsing Hom 28c. INJ WO 1 1	ACE OF D  o 5  Ra  URY AT  RK?  'ES 2	EATH (Che	PERFO 1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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That Initiated events resulting in death) LAS  PART II. Other alignifice  25. WAS CASE REFERRED DEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	Pending investigation Could not be determined	HOSPITAL:  1   -Inferient 2   260. DATE OF I (Month, De)  280. PLACE OF building, e	ER/Outpet NJURY y, Year) INJURY — tc. (Specify my knowlec	ient 3 DOA  28b. Tis IN  At home, farm,	OTHE 4 Nu NE OF JURY M street, fac	28. Pt FR: Insing Hom 28c. INJ WO 1 1 totory, office	ACE OF D  5  Ra  URY AT  RK?  2  and place,	EATH (Checkel land) NO	PERFO 1   YES  1   YES  Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street	INJURY O	DOCCURED DOES OF RURAL IN	AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 20 No.
PART II. Other algnifice  25. WAS CASE REFERRED D EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be datermined COULD PAYSIC COLOR PHYSIC ICAL EXAMINER	HOSPITAL: 1 Dispetient 2 Date of in (Month, Dec.) 28e. PLACE OF building, e	ER/Outpet NJURY y, Year) INJURY ttc. (Specify my knowled amination a	iemt 3 🗆 DOA  28b. Tis IN  - At home, farm,  dge, death occur and/or (questigation)	OTHE 4 Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of	28. 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DESCRIBE HOW  28f. LOCATION (Street City or Town, Stell to the cause(a) and midme, data and place, a BER	INJURY O and Numb inner as a nd dua to	occured beer or Rurel I taled.  the cause(i	ARALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New Yes 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 New YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 NEW YES 2 N

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creviation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JUL 3 0 1993

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	be filed within 72 hours after death with the State Dept. of Health and Mental H	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	'LAND /	DEPAR	TMENT OF	HEALTH	AND N				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50
	1. DECEDENT'S NAME (First, Middle, Lest)		CE	HIIF	CATE OF	DEAL	П	REG. NO				
		//Us/ Rev		7 7	G 1		, [			/93 YEAR	3. TIME OF DEAT	TH
		12			Sebast	lan K	Iug	7/19	14'	3	1:65	CM
	4. SOCIAL SECURITY NUMBER		E (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Qay, Your)		6. BIRTI	IPLACE State or Fo	oreign
. 33	219-36-1896	1 M 2 □ F 8	7	YAS.	MONTHS DATE	HOURS	merre.	Jan. 16.	1906		yland	
	9a. FACILITY NAME (If not Institution, give str	reet end number)			9b. CITY, TOWN	OR LOCATIO	ON OF DEA			JNTY OF D		
S.	Mercy Medical Co	enter		- 1	Balt	imore			/			
DIRECTOR	RESIDENCE OF DECEDENT											
#	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOC	TION					10d. INSIDE CITY	,		
	Maryland		Ba:	ltimore				1 XYES 2	NO			
A	10e. STREET AND NUMBER				1	r. ZIP CODE			10g. CI1	TIZEN OF V	WHAT COUNTRY?	
H	611 South Charles Street					2123	n			U.S.	7\	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			MED	13 WAS DE			C ORIGIN? (Specify Ye				
	1 Never Merried 2 Merried					specify Cuban, Mexican, Puerto Rican, etc.)			e 01 140 —	Blac	E — American India k, White, atc.	en,
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES		1 U YE	S 2 📉 NO Specify:			Specify: White			
	15. DECEDENT'S EDUC	ATION	16e. DEC	EDENT'S	USUAL OCCUPAT	ON		16b, KIND OF BU	CINESC/IN	DUCTOV	WILLCE	
E 1	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Giv	e kind of w Do NOT use	ork done during n	ost of workin	g	ios. Kino or bo	31112337111			
7	Containing (G-12)		Por	gilio	2110			Luthera	n Cl	erm		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	6 yrs.	I.e.	91110	Jus					cray		
		***						IE (First, Middle, Maiden	Sumame)			
BE	Unknown  190. INFORMANT'S NAME (Type/Print)	Klu					isa					
2		** .70.50						oute Number, City or Tox				
	Mrs. Courtenay K.						West	port, Ct.	0688	30		
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remove		0b. PLACE All emetary, crem		F DISPOSITION (N	ame of		DATE 20c. LC	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		oudon	Par	Cemet	ery 7	/31/	93 Bal	timon	ce, N	Maryland	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE///			22. NAME /	ND ADDRES	S OF FACE	ILITY			50 York	D
	· Last 2	· lano	01		Ruck	Towso	n Fu	neral Hom	o Tr	TO	MIOI OCK	Road
	23. PART I. Entar tha diseases, or co	omplications thet	ed the dea	th. Do n	ot enter the m	oda of dvi	ng, auch	ss cerdiec or reen	iretory er	roet	Approxima	
	SHOCK, Dr neert fellure. L	lat only one course on	onch line.					от от ана вт тоор	natory of	1001,	intarvai B	etween
	thmeDiate Cause (Final disease or condition resulting in death)  Onset and Death  Onset and Death										Death	
	resulting in death) a											
	DUE TO JUM AS A CONSCOUENCE OF):											
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
F	if sny, lesding to immediata cause. Enter UNDERLYING	DOE TO (ON AS	A CONSECU	DENCE OF	):							
윤	CAUSE (Disease or injury C.	DUE TO (OR AS	A CONSECU	HENCE OF								
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEQU	DENCE OF	);							
CERTIFICATION	d.											
اي	PART ii. Other aignificant conditions	contributing to death	but not re	sulting in	tha undarlyin	g cause g	iven in P	Part I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FI	NDINGS
2	SUMME COTONO	1				0	12	PERFOI	MED2		AVAILABLE PRIOR	
		0	0,54		-, 41	· ac	1 00	Lu Chi D YES	2 NO		OF DEATH?	
≥								_   `	•		1 TYES 2 A	10
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL											- 1
ᅙ	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DE	ATH (Chec	ck only one)				
75	1 YES 2 NO	1 Oupstient 2 ER/Ou					sidence 6	6 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)		28b. TIME INJU	RY W	DRK?		28d. DESCRIBE HOW I	NJURY OC	CURED		
B	2 Accident Investigation					YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUF building, atc. (Sp	RY — At hom ecify)	ne, farm, st	reet, fectory, offi	te .	- 1	26f. LOCATION (Street City or Town, State)	and Numbe	r or Rural F	loute Number,	
	Trometor Generaliza											
7	29e. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my kno	wiedge, deat	th occurred	st the time, det	end place,	end due to	o the cause(e) end me	nner as sta	ted.		
COMPLETED	one) 2 MEDICAL EXAMINER										) end menner ee st	ated.
- 11	29b. SIGNATURE AND DTLA OF CONTINEN						NSE NUMB					
8	Minh	40 MD	HAG.	e 08	licio	ASO. LICE	VOE NUMB	JEN .	Z9d. DAT	p)Situate D	(Month, Day, Year)	2
임	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM	27) (7)	Point)	L			7	ney	28,199.	2
	Chinesaits of	Marufand	400	1	2				/	4		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	, , , , ,								
5	JUL 3 0 1993	Luka Deviden	Bonda	M.								
	0 0 1000											

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	FOR
1	STATE
	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Las	el)					2. DATE OF DE	ATH		3. TIME OF DEATH
1	ELIZABE		Kelly				MONTH	DAY	YEA	R S. TIME OF BEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	National Commen	C. warrange			21, 19	1	
	4. SOCIAL SECONTY NOMBER			MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	Co	RTHPLACE (State or Fore
	212 26 2242	1 🗆 M 2 🔀 F	89	YRS.		1200	MARCH	15/907	IL	eni.
	Se. FACILITY NAME (If not institution, give	ve street and number)		9b. CITY	, TOWN OR	LOCATION OF D	EATH	9c. C	OUNTY O	F DEATH
CTOR	G.B.M.C				lows	002		6	ALT	imors.
5	RESIDENCE OF DECEDENT									
E E	10a. STATE 10b. COU			10c. CITY, TOWN C	OR LOCATIO	)N				10d. INSIDE CITY LIMITS?
٥	MARYLAND LA	Mimore		101	NOOC	1		175		1 TYES 2 N
₹	10e. STREET AND NUMBER				10f. Z	CIP CODE		10g. (	CITIZEN C	F WHAT COUNTRY?
<u>u</u>	614 NOOB	sins Av	2			21204		200	U.	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EYER IN U.S. ARM	MED 13.	WAS DECEN	DENT OF HISPA	NIC ORIGIN? (Spe	cify Yes or No-	- 14. R	ACE — American Indian
- 21	1 Never Married 2 Married	IF YES, GIYE	WAR OR DATES		1 Tyes, speci		n, Puerto Ricen, : y:	ItC.)		Hack, White, atc.
à	3 Wildowed 4 Divorced								1	ZTIKU
	15. DECEDENT'S E (Specify only highest gr		16a. DEC	EDENT'S USUAL OF	CCUPATION	of working	16b. KIND	OF BUSINESS	INDUSTR	Y
	Elementary/Secondary (0-12)	College (1-4 or 5	Side 1	Do NOT use retired.)	during most	or working				
립	8 YRS			AT HO	200					
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden Surnam	e)	
			WECH	LANS						
8	19a. INFORMANT'S NAME (Type/Print)			MAILING ADDRESS	S (Street and	Number or Rumi	Route Number, City	or Town. State	Zio Code	)
임	0	2090		Cam-	0 -			J. John, Othic,		
	20s. METHOD OF DISPOSITION	2090	000 000 000	OHI.K	TIS	ABOI				discount
	P⊠ Buriel 2 ☐ Cremation 3 ☐ R	amoval from State		ND DATE OF DISPOS natory or other place)		e of	DATE 93	20c. LOCATION		10 01
j.	4 Donation 5 Other (Specify)		- 21.7			12 RY			7 R33	al ARLAG
- 87	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22.	NAME AND	ADDRESS OF FA	CILITY	0-00		
	. 11/			151	12001	17004	JE1 1600	106171		
	23. PART I. Enter the diseases, shock, or heart failured immediate CAUSE (Finel disease or condition resulting in death)	a. Our Tour Due To	NGES 7	eth. Do not anter	the mode	SART	Roa Roa cardiec o	respiratory	arrest,	Approximat Interval Bet Onset and
TIFICATION	shock, or heart failure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a	suse on each line.	UENCE OF):	the mode	HARFO of dying, suc SART	Roa Roa cardiec o	respiratory	arrest,	Approximat Interval Bet Onset and
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CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.	J Vays								
PHYSICIAN: MEDICAL CE	PERFORMED? AVAILABLE	TOPSY FINDINGS E PRIOR TO TION OF CAUSE H?								
AN: M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	S 2 []/NO								
rsic	EXAMINER?  1  YES 2 NO  HOSPITAL:  1  Indicated to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of									
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY AT WORK? 1 YES 2 NO  28d. DEŞCRIBE HOW INJURY OCCURED									
	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Num. City or Town, State)	ber,								
COMPLETED	29e. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and place, and due to the cause(s) end menner as attend.	mer as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  AT 2438 946-F5  296. DATE SIGNED (Month, D  AT 2438 946-F5	3 3								
7	M. Chen, MD  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  H. Chen, G. Union Memorial Hospital, Bulto, MD 212  31. DATE FILED (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE	218								
1/1	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE									

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0

July 25, 1993

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30, NAME AND ADDRESS OF PER BARBARA 31, DATE FILED (Month, Day, Year) JUL 3 0 1993

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	IJNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	to burns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The market or lies 23 shows any injury or other fraumatic event, the medical examiner must be notified at once

FOR 1 - STATE	STATE OF MARYLAN		MENT OF H			E .	3	22201
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM O	KROUT	CERTIFIC	JAIE OF	DEATH	2. DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT		EAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-10-7460			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/28//8	6.	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give so UNION MEMORY AC RESIDENCE OF DECEDENT	reet and number) HOSPITAL ENEX	16 ENCY PLUOM	BALTIF	MINE	АТН	9c. COUNTY	OF DEAT	H 3:01
10a. STATE 10b. COUNTY MARYLAND	,	10c. CITY,	BALTI					Id. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 3119 K	ESWICK ROAD		10f	ZIP CODE 2121	1	10g. CITIZE	USA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 THE YES IF YES, GIVE WAR OR DATE WWW.	2 NO ES	If yea, spe		IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No— 14	Black, W Specify:	American Indian, white, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION 1	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo retired.)	st of working	16b. KIND OF BU			WILLIE
10TH  17. FATHER'S NAME (First, Middle, Last)  OLIVER RAYM	OND KROUT	РНО	TOGRAPH	16. MOTHER'S NA	SUSSM ME (First, Middle, Maiden ALTCE FTS	(0)	IS	
19a. INFORMANT'S NAME (Type/Print) MARY H. KROUT	JAD ICKOOT	* 327 SOLD BUILDING	a different and a second	nd Number or Rural F	ROUTE Number, City or Tow	n, State, Zip Co		
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	MC	PLACE OF DISPOSITION (INC.)  ORELAND	MEMORIA:	L PARK	8/2/93 BAL	CATION — CR		
21. SIGNATURE OF FUNERAL SERVICE LIC	n Seits	Or	A. A. 3818	ROLAND A	Z, JR. FUN AVENUE, BA	LTO.,	MD.	21211
23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused to the course on each series of the cause on each series of the cause on each series of the cause of the cause of the caused to the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused	th line.	ot enter the mo	de of dying, suc	h aa cardiac or reep	Iratory arres	st,	Approximate interval Between Onset and Deeth Hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. PANCY7 DUE TO (OR AS A C	OPEN	IA					WEEKS
CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF)	):					
PART II. Other algorificant condition ///SULIN DEPEN				g cause given in	Part I. 24a. WAS AM PERFOI 1 YES :	RMED?	Al Ci	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)  6  Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY —	26b. TIME INJU	M 1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street			ite Number,
4 Homicide detarmined	building, atc. (Specify  ICIAN: To the best of my knowled	-	d at the time, data	and place, and due	City or Town, State		1.	
one)	ER: On the basis of examination a				time, data and place, a	nd dua to the	cause(a) a	fonth, Day, Year)
BOWHOU K. EUM 30 NAME AND ADDRESS OF PERSON WE	nut MD, 1		OCYST Print)	-		17	129	193

DHMH-16 Rav 1/89

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT 0	F HEALTH ANI OF DEATH	D MENTAL	HYGIEN REG. NO.		3 22202	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	Y YE	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	E. LAKE		,		1	3.	2 9	3 0530 A	
		None	5. SEX 8. AGE	(In yrs. last birthday	MONTHS DA		40.0	Day, Year)		BIRTHPLACE (State or Foreign Country)	
200	1	9a. FACILITY NAME (If not institution, give s		/ Ins.		100100100100100	9	12	22	WI	
	DIRECTOR	Universit	Hospit	al		wh or location of			9c. COUNTY	OF DEATH	
THE REAL PROPERTY.	H.	10e. STATE 10b. COUNTY			ITY, TOWN OR L					10d. INSIDE CITY	
it.		W.I We	st Indie	5 54	. Joh	ins, A	ntia	wa		1 YES 2 AND	
020 physician. burial-transit permit	FUNERAL	10e. STREET AND NUMBER	7.			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
lan. transi	N	Camp Site 5	1. Johns			Non			West	Indies	
20 Ihysici vurial-		1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 400	If yes	DECENDENT OF HIS s, specify Cuben, Mex	ricen, Puerto R	(Specify Yealcan, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
15-0020 ending physic as the burial	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🔑	TES 2   NO Spe		ndie	c	Specify: Black	
215 attend	G	15. DECEDENT'S EDU	CATION	16a. DECEDENT	'S USUAL OCCUI	PATION			INESS/INDUST		
2121 al or atter for use a		Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	of work done during use retired.)	g most of working					
Ched	COMPLETED		5 Mrs.	Hea	14h T	Jegt.					
RYLAND ed by the hospit uld be detached	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S		iddle, Maiden	Surname)		
RAYL Sed by sed by	H		ake			Sar			ake		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-trannotffled at once.	2	19e. INFORMANT'S NAME (Type/Print)		196. MAILIE	NG ADDRESS (Str	eet and Number or Rui			, State, Zip Coo	le)	
		Verne Lat	10	lan	16 214		Johns		tique	2 WI	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	Ш	1 (C Buriel 2 Cremation 3 Remarks Donetton 5 Other (Specify)		PLACE AND DAT	other place)		OATE		CATION — City	or Town, State	
Page I dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	34. 0	22. NAM	Cem,	FACILITY	HY	141 gu	a, WI	
death. Pag tuneral dir if.		► VAO O			mo	rach f	uner	J Ho	ome,	wast	
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24 hours filled in flon, or n		23. PART I. Entar the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on e	ach line.		DISSO CIA		ac or reapli	ratory srrest,	Approximate interval Betwee Onset and Dast	
P.O. BOX 687( h certificate be executed andling physician and con Hygiene prior to burial, or other traumatic er	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in dasth) LAST	OUE TO (OR AS A OUE TO (OR AS A	an		_					
Me d	AL C	PART II. Other significant condition	contributing to death b	ut not reaulting	in the under	ving cause given	in Part I	24a, WAS AN	игтореу	24b. WERE AUTOPSY FINOINGS	
SECOR equires that en signed b of Health ar	MEDIC	Racene						PERFORI	MED?	AWAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 0 NO	
law law bas boot.	CIAN:	25. WAS CASE REFERRED TO MEDICAL			21	BI ACE OF DEATH	Chash salvasa				
AL F he law r has be Dept.		EXAMINER?	HOSPITAL: OTHER:								
/ITAI	Sic		100 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence				_		JURY OCCURE	0	
F VIT/ SICIAN: The certificate the State	HYSIC		28e. DATE OF INJURY	28b. Ti	ME OF 28c.	INJURY AT					
OF VIT, PHYSICIAN: The this certificate with the State Ked, or item	PHYS	1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending		28b. Ti	NJURY	WORK?	200. DE30				
OF VIT, PHYSICIAN: The this certificate with the State Ked, or item	ED BY PHYS	1 U YES 1 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	— At home, farm	M 1	WORK?	28f. LOCA		nd Number or R	ural Route Number,	
DIVISION OF VIT, OR ATTENDING PHYSICIAN: Th DIRECTOR: After this certificate nours after death with the State tiom 28 is marked, or item	ETED BY PHYS	1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	M 1	WORK?  YES 2 NO	28f. LOCA City or	FION (Street e. Town, State)		ural Route Number,	
DIVISION OF VIT, OR ATTENDING PHYSICIAN: Th- OIRECTOR: After this certificate hours after death with the State item 28 is marked, or liem	MPLETED BY PHYS	1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	M 1 , street, factory, (	WORK?  YES 2 NO  office	28f. LOCA City or	TION (Street e. Town, State)	ner as atsted.	· ·	
DIVISION OF VIT, OR ATTENDING PHYSICIAN: Th- OIRECTOR: After this certificate hours after death with the State item 28 is marked, or liem	COMPLETED BY PHYS	1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the Deele of axamination)	At home, farm	M 1 , street, factory, (	WORK?  YES 2 NO  offlice  date and place, end don, death occurs at t	28f. LOCA City or	TION (Street e. Town, State)	ner as stated.	use(e) end manner se stated.	
DIVISION OF VITY THE HOSPITAL OR ATTENDING PHYSICIAN: Th THE FUNERAL DIRECTOR: After this centificate filed within 72 hours after death with the State PORTANT: If item 28 is marked, or item	BE COMPLETED BY PHYS	1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	At home, farm	M 1 , street, factory, (	WORK?  YES 2 NO  office	28f. LOCA City or	TION (Street e. Town, State)	ner as stated.	· ·	
DIVISION OF VIT, HOSPITAL OR ATTENDING PHYSICIAN: Th FUNEAL DIRECTOR: After this certificate within 72 hours after death with the State ANT: If item 28 is marked, or item	COMPLETED BY PHYS	1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the best of my know)  3: On the best of axamination	At home, ferm	M 1 , street, factory, ( rred at the time, ition, in my opinio	WORK?  YES 2 NO  offlice  date and place, end don, death occurs at t	28f. LOCA City or	TION (Street e. Town, State)	ner as stated.	use(e) and manner ee stated.	

the following the

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		С	ERTIF	ICATE	OF	DEATH		REG. NO.			
	FIMO 1 3-15 ON CO										3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1						73	Visia second second
	216-05-0135	1 M 2 F	10	YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH		Country)	
	9a. FACILITY NAME (If not institution, give				Bh CITY	TOWAL C	OR LOCATION OF DE		23-13		_	INIA
R	1326 Pentrige				1		more	EAIH		9c. COUNT	Y OF DE	ATH
СТОВ	RESIDENCE OF DECEDENT			T							_	
DIRE	MARYLAND 106. COUNT				TY, TOWN OF							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		200	DP	LTIM	_	. ZIP CODE			Tan oraș		1 X YES 2 NO
ERAL	1326 PENTRIDGE	RD.					21239					STATES
FUN	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.,AI	RMED		AS DEC	ENDENT OF HISPAN				4. RACE	- American Indian.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	NO			2 NO Specify		Rican, etc.)		Specify BLA	White, etc.
8	16. DECEDENT'S EDI	JCATION	16a, Di	ECEDENT'S	S USUAL OCC	CUPATIO	ON	16	b. KIND OF BUS	SINESS/INDU		1011
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	116	Bive kind of B. Do NOT u	work done du ise retired.)	iring mo	at of working	M	ASS TI	DANCT	Τ Λ	DMIN
COMPL	5TH			7				1141	A33 II	KANSI	1 1	ADMIN.
8	17. FATHER'S NAME (First, Middle, Last)		11-7-1	-			16. MOTHER'S NA			Sumame)		
BE	WILLIAM LAWRE	NCE					LOUIS					
6	190. INFORMANT'S NAME (Type/Print) RUTH JEFFRIES						nd Number or Rural I					
	20a. METHOD OF DISPOSITION				OF DISPOSIT		DGE RD					
	1 XBuriel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State			Ther place			7 -		CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											MU
33	₩m. C. March F-H. 1101 E. North Av											
	23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
	shock, or heart failure.	List only one cer	use on each lin	е.	not arnor t		da or dynig, add	11 aa 0a1	unic or reap	natory arre	ot,	interval Batwo
	IMMEDIATE CAUSE (Fine) disease or condition										1 10	
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE C	OF):					- 5		acu
Z		a hy	revten	sion	1							/
E	If any, leading to immediate DUE(TO (OR AS A CONSÈGUENCE OF):											
2	Cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events resulting in death) LAST											
		d										+
DICAL	PART II. Other aignificant condition				in the und	lerlying	g cause given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDIN AWAILABLE PRIOR TO
ă	metastotic colou cancer 10 yes 2 sto							NO		COMPLETION OF CAUS OF DEATH?		
ME	chronic veni	al tailu	ve_									1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								5			
2	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch			-		
¥	27. MANNER OF DEATH	1 Inpatient 2		28b. TIR		ng Hom 28c. INJ	ury AT		er (Specify) SCRIBE HOW I	NJURY OCCU	IRED	
	1 Natural 5 Pending	(Month, L			JURY	WO	RK? YES 2 NO	2000.00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		71165	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE C	OF INJURY — At h	ome, farm,	street, factor				CATION (Street a		r Rural Ro	oute Number,
TED	4 Homicide determined	bullding.	etc. (Specify)					Ch	or Town, State)			
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	i my knowledge, d	eath occur	red at the tim	ne. date	and place, and dua	to the co	use(s) and mar	nner as state	t.	
M	(Check only one) 2 MEDICAL EXAMIN											and manner as states
	29b. SIGNATURE AND TITLE OF CERTIFIE				7		29c. LICENSE NUN					Moeth, Day, Year)
BE	1000	7/1					020	0	0	<b>&gt;</b> 7	122	/C Z
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (ITE	M 27) (Type	e, Print)		D CO	0 8	0			177
	Carl S. Fui	e d man	11	1).	61.1	711	en lui	SP	Dr. To	)	1	Nd. 2120
1	31. DATE FILED (Month, Day, Year)	A CANGUETRA	TELSICO ATMIE	1/1	(0/0/	/ K	en luvi	174	VV. 18	1W.SO	2,1	VId, 212

	1 - FOR STATE REGISTRAR	STATE OF MAR			ENT OF H		MENTAL HYGIEN	IE -	3	22204	
	1. DECEDENT'S NAME (First, Middie, Last)	C	Lou	idu			2. DATE OF DEATH MONTH	ã 9.	ŽEAR 3	5. TIME OF DEATH	
		I 🔀 M 2 🗆 F	GE (In yrs. lest	YRS.	THE DAYS	IF UNDER 24 HRS. HOURS MIN.  R LOCATION OF DEJ	7. DATE OF BIRTH (Morth, Day, Year) 01/01/19	14	Country)	essee	
TOR	Mercy Medical C				Baltimo		ty	9c. COUNT	Y OF DE		
DIRECTOR	Maryland ====			wn on Locat	ION			ŀ	INSIDE CITY LIMITS?		
FUNERAL	1442 Woodall Str	100. STREET AND NUMBER 1442 Woodall Street				101. ZIP CODE 10g. CIT					
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 U Y IF YES, GIVE WAR OF	ES 2 NO		If yes, spe	ENDENT OF HISPANI belly Cuban, Mexican 2 X NO Specify		or No- 1	4. RACE - Black, Specify:	American Indian, White, etc.	
	18. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 6th Grade	FION mpleted) College (1-4 or 5 +)	(Give	EDENT'S USU be kind of work to NOT use refi rpente	AL OCCUPATIO done during mos red.)	N at of worlding	166. KIND OF BU		STRY		
BE CO		lliam M.				Mar	4	rland			
10	Shirley Fink		19b. 18	MAILING ADD	ght St	reet	oute Number, City or Tow Baltimore	n, State, Zip C Mary	land	21230	
	20s. METHOD OF DISPOSITION    Competion 3   Removal from State										
	Tichard	ER	bre	2	4001	Ritchie 1	Hwy. Bal	cimore	, Mo	. 21225	
	23. PART 1. Enter the diseases, or con- ehock, or heert failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death)	athe	sed the deal n each line.	lere			es cardiac or reap		4 (4)	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A									_
MEDICAL	PART II. Other significent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	tatic	h but not rea	ouiting in the	tron	cause given in P	PERFOI  1 - YES	IMED?	0	/ERIE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:	1 YES 2 NO 1 27. MANNER OF DEATH	OSPITAL: Inpatient 2 ER/O  26a. DATE OF INJUF (Month, Day, Yea	RY		HER: Nursing Home 28c. INJU WOF	5 Residence 6	Other (Specify)	NJURY OCCU	RED		_
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined				ES 2 NO	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				_	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL										-
BE	2 MEDICAL EXAMINER: C	La no	A A V	restigation, in	my opinion, de	29c. LICENSE NUME	BER	29d. DATE S			_
2		C 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				02639				AICI -	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial. cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

32. RECHSTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

should be detached for

notified at

IMPORTANT: II

223

BE

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R. C. D'SOUZA

31. DATE FILED (Month, Day, Year) 3 0 1993

use as the burial-transit permit. Pages 1, 2, 3 should

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 filed within 72 hours after death with the State Dear of Health and Mental Husties point in burial cremation, or removal	IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22205 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 3 RICHARD D. MATHEWS 12:30 a 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. R RIPTHPI ACE (S) 70-268 Mary 1 M 2 F Y HAME (If not institution 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OBATH FUNERAL DIRECTOR timore RESIDENCE OF DECEDEN 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY LIMITS? ma more Altmore 1 YES 2 710 10f, ZIP COOE WHAT COUHTRY? 20 11. MARITAL STATUS 12. WAS OECEDEHT EVER IH U.S. ARMED FORCES? 1 YES 2 100 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cubsy, Maxican, Puarto Rican, atc.) 1 TYES 2 10 Specify: 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working
life. Do NOT use jettred.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSIHESS/INDUSTRY (Specify only highe (0-12) College (1-4 or 5+) he 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANK hom AS BE MANT'S NAME (Type/Pripe 19b. MAILING ADORESS (Stre 73515 2 ow ens Ansdaune METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nan nation 3 - Re 4 Donation 5 Other (Specify) word, mal RE OF FUNERAL SERVICE LICENSEE 22. NAME AHD ADDRESS OF FACILITY me 3405 Frankley BALLO 71249 eses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** disesse or condition resulting in death) BILATERAL PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): A. I.D.S MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA e 5 Realdence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MAHNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 HO 8 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Interval Between Onset and Death 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MILLIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) LAYM REENEN C. D'SOUZA KAMATH 193 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KAMATH DEPT. OF MEDICINE, ST. AGNES HOSPITAL Davidson-Hundard DHMH-16 Rev 1/89

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	<b>Great</b>	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE H	TO THE FL	be filed wit	IMPORTA	

	FOR		~~=~~									93	2220
	1 - STATE REGISTRAR	STATE OF I	WARYLAND /			T OF HI			MENTA				
	1. DECEOENT'S NAME (First, Middle, Last)				IV.	L 01	VEA.	n	2. DATI	REG. NO		1 3	TIME OF OEATH
	THOMAS H. SUGGS		1.1						JULY 26, 1993				2:00 p.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las	st birthday)			IF UNDER	24 HRS.	7. DATE	OF BIRTH	1773		ACE (State or Foreign
	238-40-9604	1 📉 M 2 🗆 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) E 18,1	930	Country)	HILL, NC
	9s. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LOCATION OF D						10,1	_	INTY OF DEAT	
DIRECTOR	VA MEDICAL CENTE	R		FORT HOWARD							BAL	TIMORE	
<u>답</u>	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNT			10a CIT		OR LOCATIO							
I E		RYLAND BALTIMORE CITY				ORE C							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101.	ZIP CODE			-	10a. CIT	IZEN OF WHA	X YES 2 NO
FUNERAL	716 NORTH WASHING	TON PLACE	₹.				201				USA		T COONTRIT
S	11. MARITAL STATUS	12. WAS OECEOEN FORCES? 1		RMED	13	. WAS DECE	NOENT O	F HISPAN	IIC ORIGI	N? (Specify Yes			American Indian.
	1 Never Married 2 Married	IF YES, GIVE V	WAR OR DATES K	OREA		Il yes, spec	cify Cuber	n, Maxica	n, Puerto	Ricen, atc.)	100,120	Black, W Specify:	Thite, etc.
) BY	3 Widowed 4 Divorced	16/23/53	to 11/1	2/56								aposity.	BLACK
TE	15, OECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	live kind of	work done	OCCUPATION during most	of working	g	16	b. KINO OF BUS	SINESS/INC	DUSTRY	
ͳ	Elementary/Secondary (0-12)	College (1-4 or 5	+) ///	. Do NOT us	se retired.	)			- 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOTH	ED'C NA	ME (First	Middle, Maiden	0		
	TRAVIS SUGGS							RAH T			Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street and	_			nber, City or Town	n. State 7tr	o Codel	00503
2	SWINSON FUNER	AL HOME		08 E									28501 ROLINA
1	20a, METHOD OF DISPOSITION 1/ Buriel 2 Cremation 3 Rem	ound from State	20b. PLACE	AND DATE	OF DISPO	SITION (Nam	e of		OAT	F 20c. LO		City or Town,	
	4 Donation 5 Other (Specify)		S cermetery, cre	PETE	R C	HURC	H C	EM.	7-	30 SN	IHWC	LL.NO	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				. NAME AND							
L	Timeti	1) 1	The	_<>	W	M. C	. M.	ARCI	H F	.н. 11	1 0 1	F NO	ORTH AVE.
	23. PART I. Enter the diseasea, or ahock, or heart fellure.	complications tha	t baused the de	eath. Do r	ot ente	r the mod	e of dyl	ng, such	n an car	diac or reepi	retory an	reat,	Approximate
	IMMEDIATE CAUSE (Final	rist only one cat	ise on each line	Đ.									Interval Between Onset and Death
	diseese or condition resulting in death)	. CARD	LAC ARRE	ST									45 minute
		OUE TO	(OR AS A CONSE	OUENCE OF	F):								
8	Sequentially list conditions,		ARDIAL I			N							3 days
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEC		•	OF T	स्य स्था	IITD					01
E I	CAUSE (Disease or Injury that initiated events	· -	JS POST			OF L	E.F.I	нть					2 months
E	resulting in death) LAST				,								
S		a											
Ä	PART II. Other algnificant condition	a contributing to	deeth but not r	reculting I	n the u	nderlying	cause g	iven in i	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDICAL										1 TES 2		co	MPLETION OF CAUSE DEATH?
×					100							1[	YES 2 NO
ä													
D C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		CE OF DE	EATH (Che	ck only o	ne)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF			4 🗆 Nu	rsing Homs		sidence (	_				
	1 Natural 5 Pending	(Month, D.		28b. TIM	URY M	28c. INJUI	K?	l No	28d. DE:	SCRIBE HOW IF	JURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE O	F INJURY — AI ho	me, farm, s	dreel fac		S 2 [	NO	281 1 00	ATION (Street a	and Alcombac	as Count Count	Musel
TED	4 Homicide determined	building,	atc. (Specify)			,,		ŀ	City	or Town, State)	no mumoer	or nurar noune	Namper,
4	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet of	em knowledge de	ath assum	d at the	the day							
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the bests of st											d manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		1	a College									
96	1	Atem 1	1/5			F	D >	NSE NUM	20			E SIGNED (Mo 7/26/9	
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALL	E OF OFATH STEE	M am (7			VL	UZC	10		-	, , 20, 9	-

M.D., VA MEDICAL CENTER, FORT HOWARD, MARYLAND 21052

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WEN-SHYANG WU, 31. DATE FILED (Month, Day, Year) JUL 3 0 1993



DHMH-18 Rev 1/89

1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	1. OECEDENT'S NAME (First, Middle, Lest	11					2. DATE	DAY	YEAR	3. TIME OF DEAT
	BEVERLY	J. S.H.	ZOAZ			1200	707		93	17: 72 V
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		7. DATE C	F BIRTH	8. BIR	THPLACE (State or Fo
	229 26 8307	1 № M 2 🗆 F	1	YRS.	MONTHS D	AYS HOURS MIN.	DSC 7	Day, Year)	Cou	REIDIA
	9a. FACILITY NAME (If not institution, give	a street and number)	1.67		9h CITY TO	WIN OR LOCATION OF	المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية المسالية الم	1 1017	COUNTY OF	
œ	11							DEATH		
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Check only one  8 Other  28d. Desire  28f. Local  city of	24a. WAS AN AUTO PERFORMED: 1 YES 2 N  (Specify)  (Specify)  (TION (Street and Niv Town, State)	OPSY 2.7 HO OCCURED TURBER STATES. In DATE SIGNI	Approximinterval E Onset an 345.  4b. WERE AUTOPSY I AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 I

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Morith, Day, Year)
JUL 3 0 1993

1. DECEDENT'S NAME (First, Middle, Leat)	CE	HITIFICATI	E OF DEATH	REG.	NO.	3 22208
10	0.07			2. DATE OF DEATH	DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	birthday) IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF THE (Month 120)		BIRTNPLACE (State or Foreign Country) Md.
Sa. FACILITY NAME (If not institution, give street		9b. CITY	town on Location of D	EATN		of DEATH
10a. STATE 10b. COUNTY		Bal	of Location timore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
326 € . 23 ^t	4 9 +		21218			N OF WHAT COUNTRY?
1 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 YN IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF NISPA N yes, specify Cuben, Maxico 1 YES 2 NO Specif	in, Puerto Rican, etc.	Yes or No — 14	I. RACE — American Indian, Black, White, etc. SpeBEACK
15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondary (0-12)	impleted) (Gh	CEDENT'S USUAL Of the kind of work done Do NOT use retired.)  DOMES	during most of working	16b. KIND OF	BUSINESS/INDUS	втяу
17. FATHER'S NAME (First, Middle, Last) THOMAS SCOVENS	1 17:57		LAURA	ME (First, Middle, Me) SCOVENS		
198. INFORMANT'S NAME (Type/Print) MARY WYNDER		326 E. 2	s (Street and Number or Rural  3rd St.	Ba	lto., M	ld. 21218
20g. METHOD OF DISPOSITION  1 Solution 2 Comments 3 Remove  4 Donation 5 Other (Specify)	al from State 20b. PLACEA cemetery, crem	nd date of disposed the place of the metery or other place of the more		1	location - ch	
21. SIGNATURE OF FUNERAL SERVICE LICEN		22.	NAME AND ADDRESS OF FA	CILITY ILLIAN	1 C. BRO	OWN COMMUNITY FH.
	mplications that caused the data at only one cause on each line.	ath. Do not entar	r the mode of dying, suc	ch as cerdiac or re	apiratory arres	Interval Betwee
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQ	VA				Onset and Deat
Sequentially list conditions,	Н	BP				
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSIGNA	WENCE OF):				
CAUSE (Disease or Injury	OUE TO (OR AS A CONSEO	UENCE OF):				
that initiated events resulting in death) LAST						
	contributing to death but not re	esulting in the u	nderlying cause given in	PEA	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
resulting in death) LAST	contributing to death but not re	esulting in the u	nderlying cause given in	PEA	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATN (CI	PER 1 YE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending		ОТНЕ	26. PLACE OF DEATN (C	PER 1 YE	FORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	DOA 0THE OF INJURY M	26. PLACE OF DEATN (CI Pring Nome 5 - Residence 28c. INJURY AT WORK? 1 - YES 2 - NO	PER 1 YES  neck only one)  6 Other (Specify)  28d. DESCRIBE NO	FORMED?  3 2 NO  W INJURY OCCU	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY
PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be deprinined  29e. CERTIFIER (Check only	HOSPITAL:   Inpation: 2   ER/Outpatient 3   28a. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY — At hor	DOA OTHE 42 Nur 28b. TIME OF INJURY M me, farm, street, fac	26. PLACE OF DEATN (CIP.  rsing Nome 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO tory, office	neck only one)  6 Other (Specify)  28d. DESCRIBE NO  28f. LOCATION (Str. City or Town, S	FORMED?  3 2 NO  W INJURY OCCU  set and Number or  ate)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,

D27569 · 7130192 ALLEN HETTLEMAN, M.D. COMPLETED CAUSE OF SENTEN (Type, Print) 1777 REISTERSTOWN ROAD 32. RESISTRAN SIGIENATURE ILAND 21200 DHMH-16 Ray 1/89

CM PARTIES OF THE COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COLD AND COL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

**BALTIMORE, MARYLAND 21215-0020** 

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	1 - STATE REGISTRAR	SIAIE UP MA	CERTI					REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Frank		witze	nB			M)	2. DATE OF DEATH DA	8 194	3. TIME OF DEATH 3 6 1/3 9, M
	4. SOCIAL SECURITY NUMBER 213–03–6734A	5. 9EX 6.	AGE (Myrs. lest birthda YRS		DAYS	IF UNDER	24 HRS. MIN.	MNOV 103,	1904	BIRTHPLACE (State or Foreign COMPARY LAND
OR	9a. FACILITY NAME (If not institution, give a SINAI HOSPITAL			TY, TOWN O		ON OF DEA	тн	9c. COUNTY	OF DEATH	
ي	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT									
DIRECTOR	MARYLAND	100, 0	BALT.	IMORE	ION				10d. INSIDE CITY LIMITS?  1 YES 2 \( \square\) NO	
FUNERAL	3601 CLARKS LA.	, APT. 609	)		101	. zip copi 21	215		10g. CITIZEI	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13	If yes, sp	ecify Cuba	F HISPANIC n, Maxican, Specify:	ORIGIN? (Specify Yas Puerto Rican, etc.)	or No— 14	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT	of work done use retired. FACT	e during mo	ON st of workin	g	166. KIND OF BUS		TRY
O	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAME	E (First, Middle, Malden :	Sumame)	
BE C	SAMUEL SWI	TZENBAUM					ESTE			EENFIELD
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILI	NG ADDRES	SS (Street a	nd Number	or Aural Ro	ute Number, City or Town	, State, Zip Co	de)
F	MRS. FREDA SWITZ	ENBAUM	36	01 CI	LARKS	LA.	, API	609 BAL	M,.OT	21215
	20a. METHOD OF DISPOSITION  1 Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description	oval from State	20b. PLACE AND DAT cemetery_cremetory of ARL	COF DISPO	SITION (No	me of	AMUNC	DATE 20c, LOC ) 7/29/9		or Town, State
	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE						& BROS.,		
	* allensu	e see	MSO	n					BALTO.	, MD 21215
	23. PART I. Enter the diseases, or one shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emplications that cities that only one cause a	on each line.							Interval Between
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	AS A CONSEQUENCE							
ICAL C	PART II. Other significant condition	a contributing to da	ath but not resultin	g in tha u	ındariying	cause g	iven in Pa	art I. 24s. WAS AN /		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
90		<del></del>						_ 1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
Σ	<del></del>							_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Check	r nah onel		
Sic	EXAMINER?  1 YES ZX NO	HOSPITAL:	NOutpetlant 3 DOA	OTHE 4   No	R:			Other (Specify)		
Y PHYSICIAN: MED	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day,		IME OF NJURY	28c. INJ	URY AT	2	8d. DESCRIBE HOW IN	JURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF In building, atc.	IJURY — At home, lern (Specify)	n, street, fa	ctory, office		2	St. LOCATION (Street al City or Town, State)	nd Number or i	Rural Route Number,
COMPLETED		CIAN: To the best of my								succ(s) and menner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	3 M	D				NSE NUMB	9735	29d. DATE SI	GNED (Month, Day, Year) Ly, 28, 1993
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (	JF DEATH (ITEM 27) (Ty	pe, Print)						0
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							

JUL 3 0 1993

DHMH-16 Rev 1/89

F - 8 - 20 3 100 1

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE O	F DEATH	REG. NO.		3. TIME OF OFATH
NATHAN		SA	KS		JULY 25,	<b>1</b> 993	YEAR 145 PM
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthda)  YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) FEB. 23,		8. BIRTHPLACE (State or Foreign Country) MARYLAND
9a. FACILITY NAME (If not institution, give st 524 N. CHARLES ST		507	96. CITY, TOW BALTI	N OR LOCATION OF DI			TY OF DEATH
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. COUNTY			TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		T 40 - 01717	1 X YES 2 NO
524 N. CHARLES ST	., APT. 15	07		21201		log. GHZ	USA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 \( \text{Y} \) YES, GIVE WAR OF	ES 2 NO	If yes,	DECENDENT OF HISPAI specify Cuban, Maxica (ES 21 NO Specif		s or No—	14. RACE — American Indian, Black, White, atc. Specify: WHITE
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	cation completed) Cotlege (1-4 or 5+)	(Give kind o	"S USUAL OCCUPA of work done during use retired.) ER		RESTAUR		JSTRY
17. FATHER'S NAME (First, Middle, Lest) HYMAN SA	KS			18. MOTHER'S NA LENA	ME (First, Middle, Maiden	Surname) BI	ERNSTEIN
19s. INFORMANT'S NAME (Type/Print) MR. RONALD SINCLA]	R			et and Number or Rural	Route Number, City or Tow BOWIE, MD	2071	
All METHOD OF DISPOSITION  The Burles 2 Committee 3 Remote 4 Donation 8 Committee (Specify)	oval from State	20b. PLACE AND DAT	EOFDISPOSITION	(Name of 7/27)	/93	CATION — C	E, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	tallua	_	SOL			NC.	
23. PARTY. Enter the disease, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	a toy	Failu	re	h as cerdiac or reap	iratory arre	Approximate interval Between Onset and Death
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ader	S A CONSEQUENCE	noma	Hussion H	e Lung		1/2404
PART II. Other algolificant condition Aduno carcin			g in the underly 3 tate	ring couse given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (CA	reck only one)		
1 YES 2 NO	1 Inpatient 2 ER/C		4 - Nursing H	lome 5 🗆 Residence			
27. MANNER OF CEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		NJURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCI	URED
3 Suicide 6 Could not be determined	26a. PLACE OF INJI building, atc. (3	JRY — At home, farm Specify)	n, street, factory, o	ffice	261. LOCATION (Street City or Town, State)		or Rural Route Number,
	CIAN: To the best of my ki						ed. a cause(a) and manner as stated.
290. SIGHRTURE AND TITLE OF CERTIFIES	100-	Lin	>	294. LICENSE NU	2979	29d. DATE	SIGNED (Month, Bay, Year) 7/26/93
10. HAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 37) (%	pe, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					

**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

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a from the m

	FOR
1	STATE
	REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_												
	1. DECEDENT'S NAME (First, Middle, La	HARRY		5	SHOFER	2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birth	hday) IF UNDER	YEAR IF UNDER 24 HRS			8. BIR	THPLACE (State or Forei			
ı,	220-09-5538	1 M 2 🗆 F	95 v	RS. MONTHS	DAYS HOURS MIN.		Day, Year) 91		Russia			
j,	9a. FACILITY NAME (If not institution, gir	ve street and number)		9b. CITY,	TOWN OR LOCATION OF	OEATH		COUNTY OF	DEATH			
PRESIDENCE OF DECEDENT  Battomore  Battomore									- 41			
	MARYLAND 106. COU	INTY	10c	c. CITY, TOWN OF BALTIMOR	R LOCATION RE				10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 6210 PARK HEIGHT	TC AVE ADD	607		10f. ZIP CODE 21215		10	log. CITIZEN OI	F WHAT COUNTRY?			
LONERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		100				US				
0	1 Never Married 2 Married  \$\int_{\infty} \text{Widowed 4 Divorced}	FORCES? 1	YES 2 NO	19	VAS DECENDENT OF HIS Yes, specify Cuben, Max YES X NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO Specify NO	ican, Puerto Ri	(Specify Yes or can, etc.)	No- 14. RA BI So WH	ACE — American Indian, ack, Whita, atc. activ: TTE			
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J	Elementary/Secondary (0-12)	College (1-4 or 5+)		RIETOR		SHO	FER F	URNITU	RE CO.			
SON THE	17. FATHER'S NAME (First, Middle, Last). HENRY	HOFER			16. MOTHER'S	NAME (First, Mi	ddle, Malden Sun SE	T.KOWTT	7.			
H H			104, 454	III ING ADODESS								
2	HERBERT SHOFER		342		(Street and Number or Rui		r, City or Town, S					
	20a. METHOD OF DISPOSITION	amoval from State	20b. PLACE AND C	DATE OF DISPOSIT	4	DATE	20c. LOCAT	FION — City or				
	4 Donation 5 Other (Specify)		ANSHE	MX Burlei 2 Cremetion 3 Removal from State Cometery Cremetory Company of the place								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.											
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2									
	23. PART I. Enter the diseases,	of complications that ce re-Elst only one cause	on each line.	Do not enter	LO REISTER?	OWN RI	BAL	TO., M	D 21215 Approximate interval Bette Onset and E			
CATION	23. PART I. Enter the diseases, ahock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Cuy Lew Lord complications that co	on each line.	Do not enter	LO REISTER?	OWN RI	BAL	TO., M	Approximate interval Bets			
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HO  Number or Run  In se stated.	Approximate interval Bette Onset and E Are.  2 yrs.  2 yrs.  4b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 Yes 2 700			

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1. DECEDENT'S NAME (First,	, Middle, Last)									OF DEATH			3. TIME OF DEATH
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216-18-577		<b>M</b>		) () YRS.	-			700	1 -	-16-02			land
T	_				96. 0		OR LOCATI		EATH		20	JNTY OF DE	
362 Bayard	ROA	d				ГО	thia	n			Anr	ne AR	Rundel
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362 Bayard	d Road	<u> </u>					2071	1			WH	ITES	A
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dtvo		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 X NO		If yes, s	CENDENT ( pocify Cubi S 25 NO	nn, Mexica	in, Puerto I	t? (Specify Yes Rican, etc.)	or No—	Black,	- American Indian, White, etc.
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)		16a. DECEDENT	of work do	one during n	ION lost of world	ing	16b	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	Ille. Do NOT			2 16 m o					· /D	
17. FATHER'S NAME (First, M	liddle, Lest)			Carp	ent	er/r	_		_	Carper		//Far	ming
Edward G.	Sutto	on					1			Harde		7	
19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILI	NG ADDR	ESS (Street	and Numbe			ber, City or Town			
	outt			35	2 B	ayar	d Ro	ad,	Lot	hian	, MD	20	711
20a. METHOD OF DISPOSITI  1 Burial 2 Crematio  4 Donation 5 Other	iON on 3 - Rame	oval from State		PLACE AND DAT etery, crematory o	r other pla	ice)			DAT			City or Tow	o'vev
21. SIGNATURE OF EUNERA			Mt	Zio	n C	emet	AND ADDRE	SS OF FA	CILITY	LLot	hia	n, M	ID
ball	A	alla	_		1	Hard	esty	Fu	nera	al Hon Anna			ID 21401
23. PART I. Enter the di	Iseases, or c	omplications the	t caused	the death. Do									Approximate
IMMEDIATE CAUSE (Fin		List Only One Car	300 OII 60	icii iirie.									Onset and Death
disease or condition resulting in death)	<b>→</b>	Co	0000	CONSEQUENCE	4-	D13e	asc						
1	_	DUE TO	(OR AS A	CONSEQUENCE	OF):								
Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A	CONSEQUENCE	OF):								
cause. Enter UNDERLYI CAUSE (Disease or Inju	ING												
that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEQUENCE	OF):								
		1											-
PART II. Other significa	nt condition	s contributing to	death bu	ut not resultin	g in the	underlyle	ng cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
- Disbet	دع								_	1 YES 2	,	1 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		/s =	ОТН	IER:	LACE OF D						
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	Pending Investigation	(Month, L			NJURY	W	ORK? YES 2	] NO	200.00	CHIBE HOW II	NONT OC	CONED	
a D substant	Could not be	28e. PLACE (	OF INJURY	— At home, farm	s, street,	factory, offi	ca		261. LOC	ATION (Street at or Town, State)	nd Numbe	or Runal Ro	oute Number,
4 Homicide	detarmined	Juliani	wie (opec	***	_				City	or lown, State)			
		CIAN: To the best of a											and manner as stated.
	00.0000000						29c. LIC	ENSE NUN	MBER				
29b. SIGNATURE AND TITLE	OF CERTIFIER										29d. DA	TE SIGNED (	Month, Day, Year)
P-lin	to						D	434	179		29d. DA	7/29	Month, Day, Year)
290. SIGNATURE AND TITLE P_L N 30. NAME AND ADDRESS OF	to		SE OF DEA	ATH (ITEM 27) (Ty	pe, Print)		0	434	179		≥9d. DA	7/29	Month, Day, Year)
P-L, N 30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	vensu	ille 1	pe, Print)	125	Cent	434	179		> DA	7/29	Month, Dey, Year)
P-lin	PERSON WHO		vensu	ille 1	pe, Print)	1201	Confr	430	179		≥ 29d. DA	7/29	Month, Dey, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

¥ .

		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	1 - STATE REGISTRAR CERTIFICATE OF		REG. NO								
	JUMELL NELSON		2. DATE OF DEATH MONTH D	9	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR  25/ -6/ -455/ 1 Days  75. SEX 76. AGE (In yrs. last birthday) F UNDER 1 YEAR  MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	カフジ	BIRTHPLACE (State on Foreign						
S S	So. FACILITY NAME (If not institution, give street and number)  So. CITY, TOWN OR LOCATION OF DEATH  So. COUNTY OF DEATH  So. COUNTY OF DEATH  So. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA			10d. INSIDE CITY							
	May Innd  100. STREET AND NUMBER  110	MOY C		10g, CITAZEN	1 YES 2 NO						
FUNERAL	4017 Liberty Height Ave 11. MAS DECEMBER 11. MAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER 11. WAS DECEMBER	21207		11	5.H.						
B	1 Never Married 2 Merried FORCES? 1 YES 2 HO If yes, s	pecify Cuban, Maxica S 2 10 Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)  7/7:	or No.— 14.	RACE — American Indian, Black, White, atc.						
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY						
COMPL	FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maldon	Summer)							
111	mallone GREEN	mar	4 Bro	W							
5	196. INFORMANT'S NAME (Type/Print)  196. MARTY DIES  196. MAILING ADORESS (Street  197. MARTY DIES  196. MAILING ADORESS (Street	and Number or Rural	House Number, City or Tow	BATT	md. 2/2/						
must be	20a. METHOD OF DISPOSITION  1  Juniel 2  Cremation 3 Removal from State  4  Donation 5 Other (Specify)	ame of Cem	MAN BOC. LO	CATION - City	or Town, State						
examiner must	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	NO ADDRESS OF PO	The Ave	Ler A	Home						
ry, or other traumatic event, the medical	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CAUDIONUSPI RATIONY  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):	Deal CA	RCIOMO		Interval Between Onset and Deat						
shows any injury, or MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying DAREAS) WELLITE  DECUBITUR YEEM	ig cause given in	Part I. 24a. WAS AN PERFOF	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. P	LACE OF DEATH (Ch	reck only one)								
or ite	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Hon	me 5 🗆 Rasidenca									
BY	1 Netural 5 Pending (Month, Day, Year) INJURY W 2 Accident Investigation	ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	EO						
8 G	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	ž <b>a</b>	28f. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,						
ANT: It Item 2 COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firme, data one)  2 MEDICAL EXAMINED On the basis of axamination and/or investigation, in my opinion, or				suse(a) and manner as stated.						
IMPORTANT: IL TO BE COMI	296. SIGNATURE AND TITLE OF CHILIPPER HOW MY	29c. LICENSE NUN			GNEO (Morith, Day, Year)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	LIBER	ry des	rich	CENTER						
7	31. DATE FILEO (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Syr M. Co.

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)	111			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	TCE G	NEUBERTH		JULY 29	1993_	1061319		
219-10-0279	1 □ M 2 💢 F		FUNDER 1 YEAR IF UNDER 24 HRS. INTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-12-11	e. Bif Cou MA	THPLACE (State or Foreign Intry) RYLAND		
99. FACILITY NAME (If not institution, give street and number)  ST. JOSEPH S HOSPITAL		91	TOWSON	BALTIN				
RESIDENCE OF DECEDENT								
MARYLAND -	INC. GIT, TOWN ON EDGATION							
10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY			
3105 TAYLOR		2123	1234		S.A.			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED YES 2-100 OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 TNO Spec	ENDENT OF HISPANIC ORIGIN? (Specify Year city Cuben, Mexican, Puerto Rican, etc.) 2 1 NO Specify:		CE — American Indian, ack, White, etc. acity: WHITE			
15. DECEDENT'S ED	JCATION		DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTR					
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work	done during most of working wired.)					
12		HOMEMAKER		OWN HO	)ME			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S M					
	JOHN M. NEUBERTH JR.			18. MOTHER'S NAME (First, Middle, Meiden Surname) REGINA TOLAND				
19e. INFORMANT'S NAME (Type/Print)		19h MAII INC AT	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
MARIE E. SKANE (	NIECEL		MILLS COURT			1228		
20e. METHOD OF DISPOSITION	11200)							
1 X Burlet 2 Cremation 3 Ren	novat from State	20b. PLACE AND DATE OF Cometery, crematory or other	placel	1.	ATION — City or	1027-00		
4 Donation 5 Other (Specify)	OCTUBER 1	DRULD RIDGE	CEMETERY 7/3			MARYLAND		
21. SIGNATURE OF FUNCTION SERVICE L	1 >	80	LEROY M. & RU					
23. PART I. Enter the diseases, or		-	1630 EDMONDS			E, MD. 21223		
disease or condition resulting in death)  a. MUSTUAL ANTIMON WML OF STOMPLY.  BUE TO (OR AS A CONSEQUENCE OF):  b. //EST/N/L OYSSTMUCT/ON  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
	a,							
PART II. Other significent condition	ns contributing to deal	th but not resulting in t	t resulting in the underlying ceuse given in Part I. 24s. WAS A PERFC 1 \( \triangle \text{ YES} \)			RMED? AMAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check and con-								
EXAMINER? HOSPITAL: OTHER:								
27. MANNER OF DEATH	28e. DATE OF INJU		Nursing Home 5 Residence		Hama Constitution			
1 Netural 5 Pending	(Month, Day, Ye	er) INJURY	WORK?	28d. DESCRIBE HOW IN.	1JURY OCCURED			
2 Accident Investigation	NIA	11	1 YES 2 NO	NIF				
3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (	Specify)  N/A	et, fectory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
			t the time, date end piece, end du			e(e) end manner ee stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, M  D 2 40 35  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Tex Sign)						EO (Month, Day, Year)		
- Jug			22	7 0 -)		- + 1-13		
33). NAME AND ADDRESS OF BEREAL IN	O COMPLETED OFFICE OF	DEATH WYEN AT	-41					
30. NAME AND ADDRESS OF PERSON WITH THE DESCRIPTION OF THE DESCRIPTION OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON O	O COMPLETED CAUSE OF LAY  32. REGISTRAR'S S	W. M.D.	,7620 yor,	t RD .:	BALT.	MD. 2120		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the last been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use as the bunial-transit permit. Page 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be detached for use 1.2 should be deta

DHMH-18 Rev 1/89

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TO THE HOSPITA
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be filed within 72
IMPORTANT: II

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31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** OR. 1. DECEDENT'S NAME (First, Middle, Last) (RUTH NASDOR & DATE OF DEATH 93 YEAR NACD 7.50 P 2 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Worth, Day, Year) 220-48-8431 DAYS HOURS POLAND 1 - M 2 XF 1907 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LEVINDALE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE MA 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 2909 FALLSTAFF RD., APT. 33 21209 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Ri
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Give kind of work done during most of working
life. Do NOT use retired.)

MERCHANT (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) RETAIL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) LEAH (UNKOWN) **JACOB** HYMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARLENE SULS 8015 VALLEY MANOR RD. OWINGS MILLS, MD 20s. METHOD OF DISPOSITION
1 Street Burlet 2 Cremation 3 Removel from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE BNAI ISRAEL 7/29/93 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart fallure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition CONGESTIVE HEART resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CORONARY CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL ATHEROSCLEROTIC CARDIOVASCULAR DISENTE YES 200 NO AVAILABLE PRIOR TO COMPLETION OF CAUSE HYPERTENSIVE OF DEATH? DEPENDENT DIABETES NON INSULIN 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA e 6 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined LETED 4 🔲 Homicide 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER avan 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ATTENDING BE PHYSICIAN 28 2

SET

BALTIMORE

2434 W. BELVERDERE AVENUE 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

tendenth modern name ( Edit 1)

# BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	And the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFIC	ATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY		VEAD	YEAR 3. TIME OF DEATH	
	JULIAN OWENS			56			07	28	93		M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I (Month, De		8. BIRT	HPLACE (State or Foreign	
	212-14-3540	1 X M 2 □ F	72	YRS.	HTHS DAYS	HOURS MIN.		23/20	1	s.c.	-
	9e. FACILITY NAME (If not institution, give	street end number)	1111	9	. CITY, TOWN C	R LOCATION OF DE	ATH	9c. CO	UNTY OF		
OR	2607 SHIRLEY	AVENUE		- 1	BALTI	MORE					
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					ION	10d. INSIDE CITY LIMITS?				
	MD. BALTIM								1 X YES 2 NO		
FUNERAL									TIZEN OF WHAT COUNTRY?		
					21215			U.	S.A		
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee If yes, specify Cuban, Mexican, Puerto Rican, etc.)				14. RAC Blac	E — American Indian, ck. White, etc.		
ВУ						1 TES 2 NO Specify:				MY: NEGRO	
	WW II										
三	15. DECEDENT'S EDU (Specify only highest grad		(G	live kind of worl	UAL OCCUPATION done during mo	ne during most of working					
1	Elementary/Secondary (0-12) College (1-4 or 5 +)			PORTER			RZ	CE TRA	CK		
Z				1 01							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	OTNER'S NAME (First, Middle, Malden Surname)				
B	WILLIAM OWENS				MAMIE BOOZIER						
0	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural I					
	SOLOMON LOWENS	3	2	2507 S	HIRLE	Y AVE.	BALTI	MORE,	MD.	21215	
	20e. METNOD OF DISPOSITION  1 N Burlel 2 Cremetion 3 Ren	noval from State		AND DATE OF I	DISPOSITION (Na	me of	DATE	20c. LOCATION -	- City or T	own, State	
	4 Donation 5 Other (Specify)				FORES		12	OWINGS	MII	LS. MD.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	)			PH L. R		TAGGIATT	HOM	(Tr	
	KRAIAR	1 d. Ke	use		2222	W. NOR	TH AV	E. BAL	TO.	MD. 2121	6
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s	R AS A CONSE	lea	ne	y de	'sec	ese.		Onset and De	
	PART II. Other algnificent condition	ns contributing to de	eath but not	resulting in	the underlying	ceuse alven in	Part I. 24	a. WAS AN AUTOPS	y 241	b. WERE AUTOPSY FINDIN	09
PHYSICIAN: MEDICAL	Deby dration, senal Facilist 1 yes 2 NO OF DEATH							AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
2	EXAMINER? HOSPITAL: OTHER:										
<u>¥</u>	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
0	1 Netural 5 Pending	(Month, Day,	Year)	INJUR	Y WO	RK?	200. DEGUM	BE NOW INSOMY O	COONED		
B≺	2 Accident Investigation	28e. PLACE OF I	IN HIEV As be					201 402			
입	3 Suicide 6 Could not be 4 Nomicide determined	building, at	c. (Specify)	ome, tarm, stre	et, factory, offic		City or To	ON (Street and Numb own, State)	er or Rural	Route Number,	-7
COMPLETED	2. CERTIFIER (Check only one)  2. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									i.	
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
2	30. NAME AND ADDRESS OF PERSON WI	O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								-4	
7	S. S. DANG 101 St Helena Ave Balto Md 2/22										
F	31. DATE FILED (Month, Day, March 3 0 1993	32. REGISTRAR	SIGNATURE	dalle							

					CATE OF		REG. NO						
- 1	1. DECEDENT'S NAME (First, Middle, List)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Blanche		01	RR			July	²⁷ ,	1991	7:50			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. la:		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign			
- 2	228-22-5100	1 □ M 2XXF	70	YRS.	MONTHS DAYS	HOURS MIN.	(Morth, Day, Year) April 16,	1923	Countr	NV			
	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY, TOWN	OR LOCATION OF DI		-	UNTY OF D				
S	Franklin Squar	e Hospital	1		Rossvi	110	Baltimore						
ĕ	RESIDENCE OF DECEDENT				105571	itte	Baltimore						
DIRECTOR	10e. STATE 10b. COU			10c. CITY,	TOWN OR LOCA	TION	•		10d, INSIDE CITY LIMITS?				
		ltimore			Essex	_			1 TES 2				
M	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CIT	TIZEN OF V	HAT COUNTRY?			
ji ji	206 Riverside D					21221		USA		A			
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOEN' FORCES? 1	T EVER IN U.S. AF	RMED NO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No-	14. RACE Black	- American Indian, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE W				NO Specif			Speci	y:			
		NIGATION .	T							nite			
ETE	15. DECEDENT'S E (Specify only highest gra	ide completed)	(G	ECEDENT'S U Sive kind of wo a. Do NOT use	SUAL OCCUPATE ork done during mo	ON ost of working	16b. KIND OF BU	JSINESS/IN	DUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5+	.)										
COMPL	8 yrs 17. FATHER'S NAME (First, Middle, Last)		Nur	ses A	та		Ivy Ha						
	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th						ME (First, Middle, Malder	n Surname)					
8	Frank Johns 19a. WFORMANT'S NAME (Type/Print)	·	- T.:				Willis						
2			- 1				Route Number, City or Tox						
	Linda Orr						Baltimore,		2122				
	209 METHOD OF DISPOSITION	emoval trom Stata	cemetery, cre	ematory or oth	DISPOSITION (No er place)				- City or To				
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Oak I	awn		July							
	Z Z Z	- 1	0/1		22. NAME A	ND ADDRESS OF FA	300 Mag	e Av	e Ba	alto, MD 2			
	Connelly	timel	ald	one	LOX	Kelly	74 8	230	X				
	23. PART I. Enter the diseases,	r complications that											
	shock or heart fallion	List paly pas says	caused the de	eath. Do no	t enter the mo	de of dying, suc	h as cardiec or resp	olratory ar	rrest,	Approximate			
	shock, or heart feliur IMMEDIATE CAUSE (Final	e. List Dnly Dne ceu	se on each iine	eath. Do no	ot enter the mo	de of dying, suc	h as cardiec or resp	olratory ar	rrest,	Approximata interval Betwee Onset and De-			
	IMMEDIATE CAUSE (Final disease or condition	e. List Dnly Dne ceu	se on each iine	<b>B</b> .		de of dying, suc	h as cardiec or resp	olratory ar	rrest,	intervai Betwe			
	IMMEDIATE CAUSE (Final	Aspirai	se on each iine	neumo	nia	de of dying, suc	h as cardlec Dr resp	olratory ar	rrest,	intervai Betwe			
Z.	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aspirai	CION DI	OUENCE OF)	nia	de of dying, suc	h as cardlec Dr resp	piratory ar	rrest,	interval Between			
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WAS AN PERFO  1 YES  25d. DOTHOR (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State to the cause(a) and mattime, data and placa, and ABER	S.C.  NAUTOPSY RMED?  2 NO  INJURY OC  and Number  and due to ti	24b.  CURED  or or Rural R  sted,  he cause(a)	were autopsy finding and hall able prior to Completion of Cause of Death 1 yes 2 no			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

1 - 3	FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH

1 - STATE REGISTRAR		C	<b>ERTIF</b>	ICAT	E OF	DEAT	IH.		BEG	. NO.				
1. DECEDENT'S NAME (First, Middle, Last	)							2. DAT	E OF DEA	TH			3. TIME OF DEATH	
Kiran Pr	adhan							0.7	TH	2.5		YEAR	6:09 PMM	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRT	H			IPLACE (State or Foreign	
219-96-4643	1 □ M 2 🔀 🗶 💮	85	YRS.	MONTHS	DAYS	HOURS	MIN.		2/06		07	Ind	y)	
9a. FACILITY NAME (If not institution, give	street end number)			9b. CIT	ry, TOWN O	R LOCATIO	ON OF DE							
Holy Cross	Hospital					Spring Montgomery								
RESIDENCE OF DECEDENT						er spring monegomery								
10a. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT									
Maryland Prin	ce George	s	Lanh	am	1						LIMITS?			
10e. STREET AND NUMBER					10f. ZIP CODE					T	10g. CITIZEN OF WHAT COUNTRY?			
9108 7th St.					20	706					Indi	ia		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AT	RMED	13	. WAS DEC	ENDENT O	F HISPAN	IC ORIG	N? (Speci	fy Yes o		14. BACE	- American Indian,	
1 Never Married 2 Married	NO		If yes, spe	cify Cuba	n, Maxicai Specify	n, Puerto	Rican, at	c.)		Black	, White, etc.			
3 XXVidowed 4 Divorced				¥4.21						INDI	Ä, INDIAN			
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a, DI	ECEDENT'S Sive kind of v	USUAL O	OCCUPATIO	N et of workin		16	b. KIND O	F BUSI	NESS/INC			
Elementary/Secondary (0-12)	College (1-4 or 5	H4a	Do NOT us	e retired.	)	or working	<b>W</b>							
N/A		Н	ouse	Wife	e					0wn	Hom	ie		
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, M	laiden S	urname)			
Suren Adak						Saro	jini	Ada	ak					
184. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street ar	nd Number	or Rural R	loute Nun	nber, City	or Town,	State, Zip	Code)		
Tapas Pradhan			9108	7th	St.	Lanh	am,	Md.	207	06				
20s. METHOD OF DISPOSITION 1 □ Buriel 2 ☆ Cremation 3 □ Rer	manufacture State	20b. PLACE				me of		OA	TE 20	c. LOC	ATION -	City or To	wn, State	
4 Donetion 5 D Other (Specify)	Com Some	cemetery, cre	Einc Linc	$oldsymbol{1}^{her plece}$	Crem	ator	y 7	/27	/93	Brei	ntwo	od.	Maryland	
21. BIGNATURE OF FUNERAL SERVICE	CENSEE				. NAME AN		S OF FAC	YTIJK						
1	1/2	1			ort									
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				13	401	ьтаце	ensb	urg	Rd.	вге	nLw	ood,	Md. 20722	
23. PART I. Enter the diseases, or ahock, or heart feilure	complications that. List only one cau	t caused the de	eath. Do n	ot ente	r tha mod	de of dyle	ng, auch	arg ss car	Kd.	respire	tory an	ood,	Approximate	
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anock, or naurt issure	complications that List only one cau	t caused the de		ot ente	r tha mod	de of dyle	ng, auch	ss car	Kd.	respire	otory an	ood,	Approximate interval Between	
iMMEDIATE CAUSE (Final disease or condition	a. My TO	t caused the delise on each line		ot ente	or the mod	de of dyle	ng, auch	ss car	Kd.	respire	etory an	rest,	Approximate interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit performance within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the predical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUL 3 0 1993

Walter E. Gouz.

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	HEALTH	AND	MENTAL	HYGIE!	NE		44417
	1. OECEOENT'S NAME (First, Middle, Last)	ANDER	SON			GRAI		II.	_		7-15		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Vegro						_	07		5	93	6. 20 or m
4	224 26 8332	5. SEX 1 M 2 □ F	6. AGE (In yrs. Ia:		IF UNDE	DAYS	HOURS	R 24 HRS.	7. DATE ( (Month,	Day, Year)		8. BIRTHE	PLACE (State or Foreign
			70	YAS.	111				7-4-19		7	Ma	ryland
0	9a. FACILITY NAME (If not institution, give si	Section factors				Y, TOWN			EATH		9c. COU	NTY OF OE	ATH M/o
Ē	LIBERTY Medica	1 Cent	ter			Ball	limo	ve	Cita	1		. 111	14
DIRECTOR	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
	Maryland	na		Baltimore						1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF WI	HAT COUNTRY?
N N	2340 Madison							121				USA	
5	11. MARITAL STATUS  1 Never Married 2 Married		T EVER IN U.S. AF		13.	WAS OEC	ENDENT (	OF HISPAI	NIC ORIGIN	(Specify Yellon, etc.)	a or No—	14. RACE Block,	- American Indien, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES				2 🗌 NO			,,		Specify	r:
	15. OECEDENT'S EDUC	CATION	16a DE	CEDENT'S	HEHAL (	OCCUPATION OF	ON .		1	KIND OF BL			Black
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of v	work done	durina mo		ng	- 1				
릴	Eletination y Get College (U-12)	College (1-4 or 5	*)						В	etni	enam	Ste	el Co
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Malder	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	and Number	r or Rural	Route Numbe	or, City or Tox	wn, State, Zip	Code)	<del></del>
	20a. METHOD OF DISPOSITION 1   Burlel 2   Cremetion 3   Remote 4   Donation 5   Other (Specify) 1 11 21. SIGNATURE OF FUNERAL SERVICE LICE	state	20b. PLACE cometery, cre remova ld Wade	metory or of	r 22	. NAME AN	ND ADDRE			Stat	e An	atom	y Board MD 21201
1	23. PART I. Enter the diseases, or cahock, or heart failure. I	omplications the	t ceused the de	eath. Do n									Approximate Interval Between
	VIMMEDIATE CAUSE (Finel disease or condition resulting in death)	Right	t Lung	Ph.	euv ei:	NON.	101		-				Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	H 4	potens for as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecution as a consecu	CE LOUENCE OF	MUC Fi:	7							
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	a contributing to	death but not i	reaulting I	In the u	nderlying	g ceuse (	given In	Part I.	24a. WAS AMPERFO	RMED?		WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF O	EATH (C)	ack only one	1			-
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			8 🗆 Other				
¥	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT			RIBE HOW	INJURY OC	CURED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(month, D	any row/	lin.J	M		RK? res 2	NO					
	3 Suicide 8 Could not be determined	28e. PLACE O building,	of INJURY — At ho	me, farm, a	street, fac	tory, office			28f. LOCA City o	TION (Street Town, State	and Number	or Rural Ro	ute Number,
COMPLET	29s. CERTIFIER  (Check only One)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.												
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)												
10 B	Herra Cla	rmy	House	e off	ice	vc_l	03	88	93		•	1/15/	93

Cause of Death (ITEM 27) (MA) Print)
22. S. Greene

St.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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1. DECEDENT'S NAME (Flist, M	fiddle, Last)	М.		PO	MARZY	YNS	KI	2. DAT	TH 28	19	93 XEAR	3. TIME OF DEATH 9 : 5 3	
4. SOCIAL SECURITY NUMBER	1	5. SEX		rrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DAT	E OF BIRTN		6. BIRT	NPLACE (State or Foreign	
199-24-9279	-03	1 🗆 M 2 💢 F	63	YRS.	MONTHS C	DAYS	HOURS MIN.	MAY	21,19	930	Coun P	ENNSYLVANI	
9a. FACILITY NAME (If not instit	tution, give stre	eet and number)			9b. CITY, TI	OWN O	R LOCATION OF	DEATN			INTY OF	DEATH	
NORTH ARUN	DEL E	HOSPITA	\L		GLEN BURNIE ANNE							ARUNDEL	
RESIDENCE OF DECE	OB. COUNTY			16c. CITY, TOWN OR LOCATION									
MARYLAND		BALTI	MODE		ARBUTU		ION					10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		DALII	PIOKE		AKDULU	1	ZIP CODE			10a CIT	TIZEN OF	1 TYES 2 NO	
5503 HEATHER	MOOD I	ROAD				1.0	2122	7		log. Cit		U.S.A.	
11. MARITAL STATUS		12. WAS DECEDEN			13. WA	AS DECE	ENDENT OF NISP		IN? (Specify Yes	or No—	14. BAC	E — American Indian.	
1 Never Married 2 Me		FORCES? 1 IF YES, GIVE W					2 X NO Spec		Puerto Rican, stc.)			lack, White, atc.	
3 Widowed 4 Divorce												WHITE	
(Specify only hi		ompleted)		Give kind of	work done duri se retired.)	CUPATIO	N st of working	10	b. KIND OF BU	SINESS/IN	OUSTRY		
Elementary/Secondary (0-12		College (1-4 or 8 +	·)						MEADO	I.I.C			
17. FATHER'S NAME (First Miller		YEARS		NUKS	E (RN)		18. MOTHER'S N	AME (C'-	MEADO!				
JESSIE REEDY									HASH	ourname)			
19a. INFORMANT'S NAME (Type				19b. MAILIN	ADDRESS (S	Street er	OLA.			n. State 7	in Corte)		
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21. SIGNATURE OF FUNERAL S	SERVICE LICE	NSEE					D ADDRESS OF F						
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TO THE HOSPITAL OF TO THE FUNERAL DII De filed within 72 hou

	1 - FOR STATE REGISTRAR	STATE UF			RTMENT OF ICATE O			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	PLAYER	4					2. DATE O		AY C	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2119-56-2925	5. SEX 1 D M 2 D F	8. AGE (In yrs	s. lest birthday) YRS,	IF UNDER 1 YEAR		MIN.	7. DATE Of (Month)	F BIRTH Day, Year)		8. BIRTHP Country	
	Se. FACILITY NAME (If not institution, give :				9b. CITY, TOW	OR LOCAT	ION OF DI	EATH	1 130		SC NTY OF DE	
DIRECTOR	ST JOSEPH RESIDENCE OF DECEDENT	Hos	PITA	1-	Tows	on,	M	D.		BA	. 1 1	Hore
DIRE	10a. STATE 10b. COUNT	Υ		10c. CIT	BALTIMORE							10d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER					of. ZIP CO	DE			10g. CITI		AT COUNTRY?
FUNERAL	1433 STONEWOOD RO	OAD				212	30				J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	. ARMED	13. WAS 0	ECENDENT	OF HISPAN	VIC ORIGIN?	(Specify Yes		14. RACE	– Amarican Indien,
B	1 Never Married 2XXMerried 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	ĮХио		specify Cub		in, Puerto Ric y:	en, etc.)		Specify	White, etc.
FIED	15. DECEDENT'S EDU (Specify only highest grade	16a	DECEDENT'S	USUAL OCCUPA	FION	ina	16b. K	INO OF BU	SINESS/IND			
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT u	e retired.)		, ng					
3	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Mic	ddle, Malden	Surneme)		
	HENRY PLAYER					M	ARTH	A LOGA	M			
2	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
-	MARIE PLAYER			1433	STONEW	OD R	OAD/I	BALTIN	MORE,	MD 2	1239	
	20e. METHOD OF DISPOSITION 1 N Burlal 2 □ Cremation 3 □ Rem	oval from State	cemetery	, cremetory or o				DATE	20c. LO	CATION —	City or Tow	n, State
Ì	4 Donation 5 Other (Specify)	CENREE	BAI	TIMORE	CEMET		700 OF F4	-	BA	LTIMO	RE, I	1D
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WM.C.MARCH F.H./1101 E. NORTH AVENUE											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition presulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										Interval Betwe	
THE STORMS INCOME OF	PART II. Other aignificent condition	e contributing to	deeth but n	ot resulting	In the underly	ng ceuse	given in		4n. WAS AN PERFOR	MEO?		VERE AUTOPSY FINDING WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 70
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF	DEATH (Ch	eck only one)				
5	1 YES 2 NO	HOSPITAL:	ER/Outpatien	3 🗆 DOA	OTHER: 4 Nursing He	me 5 🗆 R	esidence	6 Other (	Specify)			
10	27. MANNER OP DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY Pay, Year)	26b. TIM	URY	JURY AT YORK? YES 2	] NO	28d. DESC	RIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — A	t home, lerm,	street, factory, of	Ice		281. LOCAT City or	ION (Street of Town, State)	and Number	or Rural Ro	ute Number,
COMP LETED	29-c. CERTIFIER (Check only one) 1 CERTIFYING PHYSI											end manner ee stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (Month)										Horth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)  SHED MACAD St. Joseph Hole D.											
	31. DATE FILED (Month, Day, Year)		1	1000								



3. TIME OF DEATH

REG. NO.

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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2. DATE OF DEATH MONTH July 27, Patterson 1993 Charlie 9:50am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (MONTA Day Year) 1 9 0 0 6. BIRTHPLACE (State or Foreign 2 30-26-0068A 1 X M 2 F 92 DAYS HOURS N.C. filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should on, or removal. 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY Balto 10d. INSIDE CITY LIMITS? 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2501 Violet Ave Apt 303 North 21215 U.S.A. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ВY 3 Widowed 4 Divorced Specify: **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5th Longshoremen 17. FATHER'S NAME (First, Middle, Last)
Albert Patterson 16. MOTHER'S NAME (First, Middle, Maiden Surname) Anna notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2501 Violet Ave Apt 303 North Balto, 2 Mitchell Eula e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 & Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) comprometry souther of Memorial Pk. 8/2/ 93 Arbutus, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H-West 4300 Wabash Ave medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the cremation, disease or condition completely Anoxic encephalopathy OUE TO (OR AS A CONSEQUENCE OF): resulting in death) injury, or other traumatic event, Hygiene prior to burial, Aspiration pneumonia with pneumonia CERTIFICATION and Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST en signed by the atter of Health and Mental PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO this certificate has been signed by with the State Dept. of Health and riked, or Item 23 shows any Pulmonary tuberculosis History COMPLETION OF CAUSE 1 TES 2 XNO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 topatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke 5 Pending M ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29a. CERTIFIER
(Check only one)

ASSIGNATION OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANUEL OF A MANU 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 n/a 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Liaqat Ali, M. D. c/o Maryland Gaeneral Hospital

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERT	ΓIFICA	TE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Midd	NETTIE	P	HILLI	PS	N JU	JULY 2	6, <b>1</b> 993		3. TIME OF DEATH : 05 AM		
	4. SOCIAL SECURITY NUMBER 215-01-7019	5. SEX	8. AGE (In yrs. last birth	RS. IF UN	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	иятн 71911	e. BIRTHP	LACE (State or Foreign		
H.	9a. FACILITY NAME (If not institution 3305 PARKINGTO			9b. 6 BA	LTIMO	ON OR LOCATION OF DEATH Sc. COUNTY OF DEATH						
DIRECTOR	RESIDENCE OF DECEDION 100. STATE 100. MARYLAND	COUNTY	10c	10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER									14 YES 2 NO		
FUNERAL	3305 PARKINGTO					21215			IZEN OF WI	USA		
BY	11. MARITAL STATUS  1 Never Married 2 Marrie  T Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES							American Indian, White, atc. 		
回		T'S EDUCATION est grade completed)	18a. DECEOE (Give kir	nd of work do	one durina ma	ON ost of working	16b. KIN	D OF BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	HÖUSA	WIFE	id.)	1172	AT H	IOME				
BE CO	17. FATHER'S NAME (First, Middle, HARRY	YAFFA YAFFA				18. MOTHER'S NA JENN	ME (First, Middle E	MINCZER				
TO B	MRS SUSAN KAU	FMANN				AR PLA.,				21209		
	204 METHOD OF DISPOSITION 1 Durial 2 Gramation 3 4 Donation Donat (Spec	Ramoval from State	20b. PLACE AND D	ATE OF DIS	POSITION (N	ame of	DATE	20c. LOCATION —	City or Tow			
	HEBREW FRIENDSHIP 7/27/93 BALTIMORE, MD  21. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  24. NAME AND ADDRESS OF FACILITY  25. NAME AND ADDRESS OF FACILITY  26. NAME AND ADDRESS OF FACILITY  27. NAME AND ADDRESS OF FACILITY  28. NAME AND ADDRESS OF FACILITY  29. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  21. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  25. NAME AND ADDRESS OF FACILITY  26. NAME AND ADDRESS OF FACILITY  27. NAME AND ADDRESS OF FACILITY  28. NAME AND ADDRESS OF FACILITY  29. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  27. NAME AND ADDRESS OF FACILITY  28. NAME AND ADDRESS OF FACILITY  29. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY  20. NAME AND ADDRESS OF FACILITY											
	Hazdney	100	lucan			REISTERT				21215		
	iMMEDIATE CAUSE (Final disease or condition	ies, of complications the failure. List only one cau	it coused the deeth. use on each line. Acut	Do not er	iter the mo	de of dying, auc	h aa cerdiac	or respiratory ar	rest,	Approximate interval Between Onset and Death		
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									10 yr.		
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	- C	(OR AS A CONSEQUEN							/		
ERT	resulting in death) LAST	d										
	PART II. Other algnificant co	onditions contributing to	death but not resul	ting in the	underlyln	g ceuse given in	Part I. 24a	. WAS AN AUTOPSY PERFORMED?	- 0	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL							10	YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO ME	DICAL			26 0	LACE OF DEATN (Ch	eat eat east					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 D		IER:	ne 5 🗖 Rasidence		ec/fv1				
BY PHYSICIAN: M	27. MANNER OF OEATN  1 Natural 5 Pendi 2 Accident Invest	28a. DATE OF (Month, E		o. TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2 NO		BE NOW INJURY OC	CUREO			
	3 Suicide 8 Could	28a. PLACE C	OF INJURY — At home, for etc. (Specify)	erm, street,	factory, offic	•		N (Street and Numberwn, State)	r or Rural Ro	oute Number,		
COMPLETED	onel	IG PHYSICIAN: To the best of EXAMINER: On the bests of a								and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF C	sept of	ears			29c. LICENSE NUI	MBER () 34	29d, DAT	4/26	Month, Day, Year)		
5	30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  JOSEPH Shear M.D. 4000 Old COULT ROSD (Jul 202 Bally) 4208											
0	JUL 3 0 19	93	AR'S SIGNATURE	L								

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

DHMN-16 Ray 1/89



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE RUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be first writing 2 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leat)	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	REG. NO	-	22224
		and Right Sr.			MONTH	9 93	1:00 A. M
	211 22 101	5. SEX 8. AGE (In yrs. 57	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	35	BIRTHPLACE (State or Foreign Country)  Mde
CTOR	1905 Marsdale Ro		90. CIT	Dundalk	PEATH	9c. COUNTY	altimore
- DIRECTOR		timone	10c. CITY, TOWN	ndalk			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	1905 Marsdale Roa			101. ZIP CODE 2/222		4.5	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1X YES 2 [ IF YES, DIVE WAR OR DATES 1957—1959		. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5-4)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired., arpet In.	during most of working )	16b. KIND OF BU	JSINESS/INDUST	
BE COM	17. FATHER'S NAME (First, Middle, Last)  John Richl		,649.56 010.	18. MOTHER'S N	AME (First, Middle, Maide Perkna	n Surname)	
TO B	100. INFORMANT'S NAME (Type/Print) Carol A. Riehl			ss (Street and Number or Aural arsdale Road			22
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	rai from State cometery.	EAND DATE OF DISPO	rematory 8	-2-93 B	alto. 1	1d.
	21. SIGNATURE OF FUNERAL SERVICE LICEI	D. Zelle	22	hantes S.Ze	iler & Son	Inc. 6	5224 Gastern Ave.
	23. PART I. Enter the diseases, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on eech II	deeth. Do not ente	er the mode of dying, au	ch aa cerdiac or rea	piratory arrest	Approximate Interval Between Gneet and Death Mark
TIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	DUE TO (OR AS A CONS					Yoys
CERTI	resulting in death) LAST						
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions	contributing to death but no	t resulting in the u	inderlying ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	3 DOA A DA		Themes -		
	27. MANNEY OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	ctory, office	28t. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,
COMPLETED		AN: To the best of my knowledge, On the besis of examination and/					iuse(a) and menner as stated.
TO BE	M Wednesday	. HO		29c, LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)

	ns contributing to death but not	resulting in the u	inderlying ceuse given in	Part I.	24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPEY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only o	ne)						
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient :										
27. MANNEY OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	DESCRIBE HOW INJURY OCCURED						
3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office		CATION (Street and Number of Town, State)	r Rural Route Number,					
enel	ICIAN: To the best of my knowledge, di										
Side STURE AND THE OF CENTRE	L NO		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WI	DSON, M.D. \ 211		Ndall, Du	Nes	16 2122	2					
OLITALI M. KIGNAK	32. REGISTRAR'S SIGNATURE		- K-2								
31. DATE FILED (Month, Day, Year) JUL 3 0 1993	John Deviden Randa	10_									

THE RESIDENCE TO SERVE

A TOTAL OF

1		FOR STATE REGISTRAF
	_	REGISTRAF
_	-	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		el .					2. DATE OF	DC 47711			3. TIME OF DEA
	1. DECEDENT'S NAME (First, Middle, Last MARION A		mode	11			MONTH	21	4 9	YEAR 3	1. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bit		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E				PLACE (State or F
	820-03-7866	1 M 2 F	01	YRS. MONTHS		HOURS MIN.	(Month, De	y, Ybar)	_	Country	y)
	9a. FACILITY NAME (If not institution, give		01		TOWN O	OR LOCATION OF D	1	0 1	9c. COUNT		W YORK
OR	MAHOR Care	Towso	N	30. OI	-	WSON	CAIN		_		MORE
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	ITY	Ti	Oc. CITY, TOWN	OR LOCAT	TION					10d. INSIDE CIT
DIRECTOR	Md.	Baltimor			RKVI						LIMITS?
	10e. STREET AND NUMBER			1118		ZIP CODE			10a. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	9749 Mag	ledt Rd.				21231	4			SA	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D 13		ENDENT OF HISPA				14. BACE	- American Ind
	1 Never Married 2 Married	IF YES, GIVE WAR	YES 2 NO			ocify Cuben, Mexica 2 NO Specia		n, etc.)		Specif	, White, etc. ly:
BY	3 Wildowed 4 Divorced									WY	nite
ETED	15. DECEDENT'S EE (Specify only highest gra	DUCATION ide completed)	(Give i	DENT'S USUAL	e during mo-	ON est of working	16b. KIN	ID OF BUS	INESS/INOU	ISTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired.	_						
COMPL	17. FATHER'S NAME (First, Middle, Last)		1100	اللاعادات	, ,	40 MOTURNIC	116 (6)				- 1
_		mith				18. MOTHER'S NA		e, Maiden S			
8	19s. INFORMANT'S NAME (Type/Print)		104 14	AN ING ADDRES	ee /0					Code	-
임	Family Recor	ds	19/0. M	ALING ADDRES	9 1997E) 6	and Number or Rural	noute Number, (	aty or Town	i, State, Zip (	Lode)	
	20e. METHOD OF DISPOSITION		20b. PLACE AND	DATEGERIOR	DEITION /#/-	ame of	OATE	200 100	CATION — C	No or To	wo State
4	1 Surial 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	cemelery, cremet			1	7-243		RKYI		1 1 1
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	C			ND ADDRESS OF F		- 11		110	141 (1
	12001	((,)	1)	E	EVAN	is Chape	1 60 15	hemo	ries	111	. 2123
	Append Co	W. O.	- A-V					3	0 1 To 1.	- INV	
	23. PART 1. Enter the disease, o ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Brast	on each line.	n. Do not ente	er the mo	JHAKEO	ch as cerdiac	or respir	retory arre		Approximinterval E Onset sn
IFICATION	immediate cause (Fine) disease or condition	s. Breast  DUE TO (0)  DUE TO (0)	Concer	NO not enter	er the mo	de of dying, aud	ch as cerdiac	or respir	retory arre		Approxim
ERTIFICATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. Breast  Breast  DUE TO (0)  DUE TO (0)	R AS A CONSEQUE	NO not enter	er the mo	de of dying, aud	ch as cerdiac	or respir	retory arre		Approxim
	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	B PLAST  DUE TO (O)  DUE TO (O)  DUE TO (O)  DUE TO (O)	R AS A CONSEQUE	NO not enter M. M. NOE OF):  NOE OF):	etast	THARPO	the as cerdiac	or respir	ng	eat,	Approximinterval E Onset sn
MEDICAL	shock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	B PLAST  DUE TO (O)  DUE TO (O)  DUE TO (O)  DUE TO (O)	R AS A CONSEQUE	NO not enter M. M. NOE OF):  NOE OF):	etast	THARPO	Part I. 24	or respir	AUTOPSY MEO?	eat,	Approxim
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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46		1. DECEDENT'S NAME (First, Middle, Last,	SCOTT			2. DATE OF DEATH DAY	7 - VEAR	3. TIME OF DEATH  450 AH M
		4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR   IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yoar)	8. BIRTHPL Country)	LACE (State or Foreign
3 should		SIL SACILITY NAME (If not institution) give	-	2 9	b. CITY, TOWN OR LOCATION OF D	EATH O. L	9c. COUNTY OF DEA	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
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physician. burial-transit permit. Pages	DIREC	nary/m	гү	10c. CITY	TOWN OF LOCATION	V		Od. INSIDE CITY LIMITS?  YES 2 \( \text{NO} \) NO
n. ansit perm	FUNERAL	106. STREET AND NUMBER 7	+ Ave.	,	101. ZIP CODE 2/2/4	5-	10g. CITIZEN OF WH	AT COUNTRY?
ding physicia the burial-tr	В	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZN0-	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxica 1 YES 2 NO Specifi	n, Puerto Rican, atc.)	r No— 14. RACE — Black, 1	American Indian, White, atc.
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal.  or removal.  medical examiner must be notified at once.	PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life De NOT use i	k done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest)	. C. BR	unt	18. MOTHER'S NA	ME (First, Middle, Melden Su	money TDDD	2/5
e 5 should notified	TO B	1992 INFORMANT'S NAME (Type/Print)	G. BRUAN	19b. MAILING AI	DDRESS (Street and Number of Rural	Route Number, City or Town	State, Zin Code)	1215
e 6 may be ector, page must be		20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Res 4 Donation 8 Other (Specify)	noval from Stata	PLACE AND DATE OF	place) - fil	20c. LOCA	TION — City or Town	p, Stell
after death. Page 6 m by the funeral director, smoval.		21. SIGNATURE OF FUNERAL SERVICE	CHARL	, , , , , , ,	22 MANE AND ADDRESS OF FA	iss Ful	Vermi	tope
nours after of in by the or removal.		23. PAST I. Enter the diseases, or	complications that cause List only one cause on a	d the death. Do not	enter the mode of dying, suc	h as cardiac or respirat	tory arrest,	Approximate
ion in		IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	each line.				Interval Between Onset and Death
B	N N	Sequentielly list conditions,	b. Rost	A CONSEQUENCE OF:	Arrest.			minutes
	CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR AS	a consequence of;	LIVEV.			6 mas
ending Hygie	CERTIFICATION	that initiated events resulting in death) LAST	d. Renal	A CONSEQUENCE OF):	Cavenous	9 11		142
at the death by the atter and Mental y Injury, o		PART II. Other algnificant condition	ne contributing to death	but not resulting in	tha underlying cause given in	Part I. 24a. WAS AN AU PERFORME		PERE AUTOPSY FINDINGS WAILABLE PRIOR TO
PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an <b>riked, or Item 23 shows any</b>	MEDICAL					1   YES 2	NO C	OMPLETION OF CAUSE F DEATH?
e law re has bee Dept. o	AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch			
HAN: The rifficate ne State	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Out		THER:  Nursing Home 5 Residence	/ 1/	lostice.	
IG PHYSIC er this ce ath with the	ву Рн	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	PF 28c, INJURY AT WORK?  M 1 YES 2 NO	28d, DESCRIBE HOW INJU	URY OCCURED	
ATTENDIA ECTOR: At s after de n 28 is r	ETED (	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre	et, factory, offica	281. LOCATION (Street and City or Town, State)	Number or Rural Rou	ite Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been si be filed within 72 hours after death with the State Dept. of He IMPORTANT: If Item 28 is marked, or Item 23 show	COMPLE	one) 2 MEDICAL EXAMIN	ER: On the beals of examination		et the time, date and place, and due in my opinion, death occured at the			nd manner as stated.
TO THE F TO THE F Be filed w	O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Ksun No	2)	29c. LICENSE NUA  D0890		9d. DATE SIONED (M	fonth, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	). Evtaw St.		Md Z	1201
	5	31. DATE FILED (Month, Day, Year)  JUL 3 0 1993	32. REGISTRAR'S SIGN	NATURE				,
- 1		V V 1900		-				

1	-	STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MADVI AND / DEPARTMENT OF HEALTH AND MENTAL HYDROGEN

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William F. Cathell The Merchant's NAME (packing)  James Turner  So. Encorporation  James Turner  So. Merito or Disposition  10 Surfal 2 Commission 3 to premoval from State  So. PLACE PROPRIES  So. PLACE OF DEATH (Check only one)  22. NAME AND ADDRESS OF FACILITY  So. Merito or Charge Subject Legislate for Charge Subject  So. PLACE OF DEATH (Check only one)  24. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. PLACE OF DEATH (Check only one)  26. PLACE OF RAUTY  10 Contribute of Part II.  26. PLACE OF DEATH (Check only one)  27. NAME AND ADDRESS OF FACILITY  28. PLACE OF DEATH (Check only one)  29. PLACE OF RAUTY  11 Contribute of Part II.  20. PLACE OF RAUTY  20. PLACE OF RAUTY  20. PLACE OF RAUTY  20. PLACE OF RAUTY  20. PLACE OF RAUTY  20. PLACE OF PAULY A borner, terms, street, factory, office  20. CERTIFIER  20. LOCATION — City or Town, State  20. CLOCATION — City or Town, State  21. ND CLOCATION — City or Town, State  22. NAME AND ADDRESS OF FACILITY  State A RAUTOPSY  22. NAME AND ADDRESS OF FACILITY  32. NAME AND ADDRESS OF FACILITY  33. DATA CONSEQUENCE OF:  24. WERE AND AUTOPSY  25. PLACE OF DEATH (Check only one)  26. DATE SIGNED NAME AND AUTOPSY  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. Contribution  29. CERTIFIER  29. CERTIFIER  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29. DATE SIGNED NAME AND AUTOPSY  29.	12 +	3	Re	g Nu	rse	Mic	l-wif	fе		Medic	ine		
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THE INFORMANT'S NAME (Place From 1) THE MARE MERGES CITY OF TOWN, SIRE, Zop Code)  JAMES TUTNET  JAMES TUTNET  JOS PINETURY AVE, Salisbury, MD 21801  Selection of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Development of Developm	William F	Cathell											
Dames Turner   50.9 So Pinehurst Ave, Salisbury, MD 21801		Catherr	19	b. MAILING	ADDRES	S (Street =						n Cortel	
20s. METROD OF DISPOSITION   Removal from State   20s. PLACE AND ADDRESS OF FACILITY   20s. LOCATION - City or Town, State   1   Downstop - 5   Other (Specify)   22s. NAME AND ADDRESS OF FACILITY   State Anatomy Board   655 W. Baltimorest, Balto, MD 21201   22. PANT I. Enter the dijeases, or configlications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Tames Turner												- 04004
Companies   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Committee   Comm								St.					
12. NAME AND ADDRESS OF FAULTY State Anatomy Board 655 W. Baltimorest, Balto, MD21201  23. PART I. Enter the dijeases, or conflictations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feature. List only one cause on each line.  Approximate changes or condition resulting in death)  Approximate changes or conditions, in any, isselfing to termination of the conditions, it any, isselfing to terminate or conditions.  Bayon the disease or injury areas, and the conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in		oval from Stata					ime or		OAI	20c. LOC	AIIUN —	City or 10	own, Stata
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25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of examination endor investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   YES 2   MO  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   28. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   280. DATE OF INJURY AT   28	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С											
EXAMINER?  1 YES 2 NO  1 Inpetient 2 FR/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER-OF DEATH  1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined  28e. PLACE OF INJURY At home, farm, street, factory, office  4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. CERTIFIER (Check only one)  29e. CERTIFIER 1 Check only one)  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE	PART II. Other significant condition	a contributing to d	leath but not	resulting i	in the u	nderlying	g cause gl	ven in	Part I.	PERFOR	MED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HOSPITAL: 1 Inpetient 2 DENOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 North, Dey, Year) 28b. TIME OF INJURY NORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK						26. PL	ACE OF DE	ATH (Che	ck only o	ne)			
27. MANNER OF DEATH  1  Natural 2  Accident 3  Suicide 4  Homicide  29a. DATE OF INJURY (Month, Day, Year)  28b. Time OF INJURY MORK? 1  YES 2 NO  28c. INJURY AT WORK? 1  YES 2 NO  28c. INJURY AT WORK? 1  YES 2 NO  28c. INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DES			ER/Outpatient 1	DOA		R:						_	
Netural     Netural		28a. DATE OF II	NJURY					-crence			LIURY OO	CHRED	
29a. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFURE  29b. SIGNATURE AND TITLE OF CERTIFURE  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	1 Natural 5 Pending				URY	WO	RK?	NO.	ava. DE	Anne MAN IL	oni ot	OUNEU	
298. CERTIFIER (Check only one)  298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  27/2/63  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DR PAUL FLEURY  560 Riverside Drive A204, Salisbury, MD 21801	2 Culate	28e. PLACE OF	INJURY - At h	ome, farm				140	281 1.00	CATION (Or	and Advanced		Doubs Numb
(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  7/2/3  30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF CEATH (ITEM 27) (Type, Print)  DR PAUL FLEURY  560 Riverside Drive A204, Salisbury, MD 21801	o Could not be	building, at	tc. (Specify)	,		ory, Ornici			C/ty	or Town, State)	numbe	r or Hural	HOURD NUMBER,
DR PAUL FLEURY 560 Riverside Drive A204, Salisbury, MD 21801	(Check only												a) and manner as stated.
DR PAUL FLEURY 560 Riverside Drive A204, Salisbury, MD 21801	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c LICE	ISE NUM	BER		29d, DAT	E SIGNE	(Month, Day, Year)
DR PAUL FLEURY 560 Riverside Drive A204, Salisbury, MD 21801	1 au 11th	14					UZ	48	7 2			7/2	193
DR PAUL FLEURY 560 Riverside Drive A204, Salisbury, MD 21801	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Type,	Print)		-				-	1	1
31. DATE FILED (Month, Day, Year) 32. SEGISTRAR'S SIGNATURE	DR PAUL FLEU 31. DATE FILED (Month, Day, Year)	RY 56	0 Riv	ersi	de	Driv	re A	204	, Sa	lisbur	y,M	D 2	1801

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. HUGISTRAR'S SIGNATURE

	FOR	CTATE OF MA	DV/ 4110 / D=0							3 22228
	1 - STATE REGISTRAR	SIAIE UF MA	RYLAND / DEP		NT OF H					3 22220
	1. DECEDENT'S NAME (First, Middle, Last)	- 1		IIIOAI	<u> </u>	DLAI	·· T	REG. N	Ю.	3. TIME OF DEATH
	Hempsa S.	Sydno	RI UM.					MONTH 7-28	-	YEAR 10.269 M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthde	ly) IF UND	DER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH		B. BIRTNPLACE (State or Foreign
	218-05-1080	M 2 D F	7 9 YRS	MONTH!	B DAYS	HOURS	MIN.	(Month, Day, Year)		Country)
	Se. FACILITY NAME (If not institution, give street	et and number)		9b. Cf	TY, TOWN O	R LOCATION	N OF DE		9c, COUNT	TY OF DEATN
OR	mercy medica	I (on	tak	B	acti	MOV	0	mo		identine
DIRECTOR	RESIDENCE OF DECEDENT						7		100	
E	10a. STATE 10b. COUNTY				OR LOCAT		0			10d. INSIDE CITY
	10e, STREET AND NUMBER			216	iNO		61	Ity		1 PYES 2 NO
FUNERAL	CAPITOTES WAS ESTINGED.	10.			101.	ZIP CODE			10g. CITIZI	EN OF WHAT COUNTRY?
N	1808 N. Chape					212	13			S, A.
교	1 Never Married 2 Married	2. WAS DECEDENT EV FORCES? 1	YES 2 NO	15	If yes, spe	ENDENT OF ocify Cyban,	HISPANI Mexican	IC ORIGIN? (Specify 'n, Puarto Rican, atc.)	fea or No— 1	4. RACE — American Indien, Black, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO	Specify:			Specify:
ED	15. DECEDENT'S EDUCAT	TION	16a, OECEDEN	T'S USUAL	OCCUPATIO	DN .		16b. KIND OF E	USINESS/INOU	D/ACK STRY
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind life. Do NO	of work don Tuse retired	e during mos	st of working				
AP.			LONG	BHA	ren.	aN		SMA	SHIP	Co.
Ö	17. FATHER'S NAME (First, Middle, Last)						R'S NAM	AE (First, Middle, Maid	en Surname)	
ш	HEMPSALS.S	Vanor. S	in.			-57	126	SIP VE	NAV	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRE	SS (Street at			oute Number, City or 1	own, State, Zip C	Code)
-	MARY E. SYDN	240	1808	N.C	ha.P.	2/8	Be	2600, NO	dasso	213
	20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Remove	of from State	20b. PLACE AND DA			me of		DATE 20c.	OCATION — CI	ty or Town, State
	4 Donation 5 Other (Specify)		Cemetery, cremetory of	Ner	O. PK			93 L	8.un	el. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22	2. NAME AN	D ADDRESS	OF FAC	HLITY		
	Kandstola	. Contu	ck	1	1431	FINI	110	n St. E	2041	Md 11/13
	23. PART I. Enter the diseases, or cor	nplications that ca	Used the death. D	o not ante	ar tha mod	da of dying	g, such	as cardiac or ras	piratory arres	st, Approximata
	ahock, or heart failura. Lis	it only ona cause	on aach iina.							Interval Between Onset and Death
	disease or condition resulting in death)	Pulm	DIANTE	1	0000	+9m				l sinot and sauti
	Troubling in Louding	DUE TO (OR	AS A CONSEQUENCE	OF):	J					
Z	Samueratally that any distance b.	COP	5		_					
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	7	Λ				
2	CAUSE (Disease or injury	15200	hage		_ (;	4-				
E	that initiated events resulting in death) LAST	ROJ OT 3UG	AS A CONSEQUENCE	OF):						
CERTIFICATION	d									
	PART ii. Other significant conditions of	contributing to dea	th but not resultin	g in the u	undarlying	cause giv	ven in P	Part i. 24s. WAS /	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
Š									RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 □ YES	NO NO	OF DEATH?
=								_		1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEA	ATN (Chec	ck only one)		
PHYSICIAN: MEDICAL		OSPITAL:	/Outpatient 3 DOA	OTHE 4   No		5 🗆 Real	dence 8	Other (Specify)		
ξI	27. MANNER OF DEATH	28a. DATE OF INJE (Month, Day, Y		IME OF	28c. INJL	JRY AT		28d. DESCRIBE HOV	INJURY OCCU	REO
BY	1 Natural 5 Pending 2 Accident Investigation	(morally buy, it	,	M	1 Y	ES 2	NO			
- 4	3 Suicide 8 Could not be	28a. PLACE OF IN- building, etc.	JURY — At home, term (Specify)	n, street, fa	ctory, office			28f. LOCATION (Street City or Town, Stat	t and Number or	Rural Route Number,
ETE	4 Nomicide detarmined	11.500	Titles"					ony or rown, one	~,	
COMPLETED	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIA	N: To the best of my	knowledge, death occi	erred at the	time, deta	and place, a	nd due to	o the cause(a) and m	anner as stated	
O										cause(e) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LIÇEN				SIGNED (Month, Day, Year)
0	T&ckn.								▶71-	28/97
2	20 MANE AND ADDRESS OF STREET								' /	

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		FOR
1	-	STATE
		REGISTRAR

	1 - STATE REGISTRAR	STATE OF M		DEPAR					ENTAL HYGIEN REG. NO.	_	J	66669
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME											3. TIME OF DEATH
	NORBERT OWENS TAYL	OR. SR.							MONTH DAY YE			2: 05 p M
		5. SEX 6. AGE (In yrs. last birthday)				1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	577-46-5974	1 X M 2   F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) コピエール 1.0		Country	γ)
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN (	OR LOCATIO		OCT. 4, 19	9c. COUNT		INGTON, DC
S	JOHNS HOPKINS HO	CDITAL			175		RE C			BALT		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	DITIME			DAL	TITIO	KL U	111		DALTHORE		
R	10e. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
0				WAS	HING	TON,	DC					TY YES 2 NO
¥¥	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZE	N OF W	VHAT COUNTRY?
	4100 AMES ST. NE,	#F33				2	0019			UNIT	ED S	STATES
2		12. WAS DECEDENT	T EVER IN U.S. AF	RMED	MED 13. WAS DECENDENT OF HISPANIC OF						4. BACE	- American Indian, White, etc.
ВУ	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify:	Puerto Hican, etc.)		Specif	fy:
						_				BLACK		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		(G	ECEDENT'S	work done			g	16b. KIND OF BUS	SINESS/INDU	STRY	
ايّا	Elementary/Secondary (0-12)	College (1-4 or 5+	,	. Do NOT u								
×	AT TAXABLE MARKET (Class Sticket 1 1)	2		OMPUT	ER S	PECI			US GOVE		<u> </u>	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	E (First, Middle, Melden	Surname)		
H	WALTER TAYLOR							NCES	HUD			
၉	19a. INFORMANT'S NAME (Type/Print)								ute Number, City or Tow			
	DELORES W. TAY	LOR						#F33.	WASHINGT			20019
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remove	al from State	cemetery, cre	emetory or a	ther piece)					CATION — CI	ty or Tox	wn, State
	4 Donation 5 Other (Specify)		FORT		OLN					TWOOD	. M/	ARYLAND
	22. NAME AND ADDRESS OF FACILITY FORT LINCOLN FUNERAL HOME, INC., 3401										2/21	
	164 C. 1	ino	M0087	17					BRENTW			
CAL CERTIFICATION	shock, or heert failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)											
PHYSICIAN: MEDIC	1 YES 2 NO COMPLETION OF DEATH?								COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
S	EXAMINER?	HOSPITAL:	ED/0-4		OTHER	₹:	ACE OF DE					
¥∥	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		28c. INJ	2.77		Other (Specify)			
	1 Netural 5 rending	(Month, Da		INJ	IURY M	WO	RK?		28d. DESCRIBE HOW INJURY OCCURED			
B	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF	F INJURY — At ho	ome form			/ES 2 _	111				
밀	4 Homicide 8 Could not be determined	building, e	etc. (Specify)	mio, tarrit,	outeet, 10ct	ory, orner		1	281. LOCATION (Street a City or Town, Stete)	ina Number or	Hurai Ro	oute Number,
COMPLETE	29e. CERTIFIER											
MP	(Check only one)											
႘၂	2 MEDICAL EXAMINER:	On the basis of ex	amination end/or	Investigatio	on, In my o	pinion, de	esth occur	ed et the ti	me, date end place, en	d due to the	cause(e)	end menner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	JIC.	-	/,	-/A	TOLAS		NSE NUMB		29d. DATE S	SIGNED	(Month, Day, Year)
[ 일	Nam Voo	au j con	. rung f	En/CS	tall. 1	13/19	7/2/	JHA	ter 10625	6	1-	27-93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Danitya A. Donte, 110 - To wer 110 Johns Hepkinstlepp, tel											
5	31. DATE FILED (Month, Day, Year)  JUL 3 0 1993 9	32. REGISTRAF		m.			-					



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral director and the statement of the funeral director, page 5 should be detached by the funeral director.	be med within 12 Hours are used with the State Cept, or regult and mental hybers prior to current, the medical examiner must be notified at once.
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	Wif	nple	Ven L
	uted	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact within 72 being what doors with the Case Door of Books and Manual Majore price to be being the committee of committees.	0
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	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
- 3	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH MONTH								
- 3	MARY ELLEN THOMPSON 7-26-1993 YEAR 7-26-1993								
1 3	4. SOCIAL SECHRATY AHABER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BARTY AHABER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BARTY AHABER 6. AGE (State or Formion								
	a. No. I in year in the in year in the in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in the in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in year in ye								
	[310-03-0192] D $[-1-1902]$ Darlington.Md								
1	9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
8	John Hopkins Geriatic Center Baltimore City								
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
	Md.								
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
BY FUNERAL	3236 E. Baltimore STreet 21224 U.S.A.								
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEMBED 13. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15. WAS DECEMBED 15								
II.	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc.								
B	3 ☑ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES A(□ NO Specify: White								
a	15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS (INDUSTRY								
E	(Specify only highest grade completed) (Give kind of work done during most of working								
4									
COMPLETED	1 Todatai Warker Oberhear Gove.								
ö	U2 11 2 m1								
BE	nary carroir								
0	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4120 Link Ave. Balto Md. 21226								
	Robert E. Davis 4120 Link Ave., Balto., Md. 21236								
	20s. METHOD OF DISPOSITION  1 Burial 2X X remarking 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of completely provided by supplied to the completely provided by supplied by the completely provided by supplied by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the completely provided by the co								
	4 Donation 5 Other (Specify)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Porking 22. NAME AND ADDRESS OF FACILITY								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkin S Bradley-Ashton Funeral Home, Inc.  D00083 2134 Willow Spring Rd., Balto., Md.								
	DOOD83 2134 Willow Spring Rd., Balto., Md.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate shock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final								
	disease or condition a. Probable pulmorary embolism c  Due TO (on as a consequence of):								
	DUE TO (OR AS A CONSEQUENCE OF):								
z	- Chardiar ischarge event								
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
¥.	cause. Enter UNDERLYING								
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
H	resulting in death) LAST								
B	0.								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause, given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
DICAL	SUPER SUPE WILLOW ALM MICH PRIOR TO COMPLETION OF CAUSE								
	OF DEATH?								
ME	1 YES 2 NO								
AN	25. WAS CASE REFERRED TO-MEDICAL								
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:								
YS	1   Inpatient 2   ER/Outpatient 3   DOA   Nursing Name 5   Rasidence 6   Other (Specify)								
표	27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE NOW INJURY OCCURED								
BY	1   Netural 5   Pending   M 1   YES 2   NQ								
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	4 Homicide determined								
اي	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
¥ I	(Check only one)  2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
8									
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
	174/95) 1.24.93								
8	30. NAME AND ADDRESS OF PERSON WHQ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	REBECCA ELINE JOHNS HOPKINS GERIATIC CENTER BALTO, MD. 21224								
7	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE								
$\cup$	JUL 3 0 1993 gruhe Deviden-Render								

mark white one

REG. NO.

FOR STATE REGISTRAR

1 -

90,	within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
2	P
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 EAR ORGE MONTH 7. DATE OF BIRTH (Month, Day, Year) SOCIAL SECURITY NUMBER 8. AGE 44 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. Month MONTHS DAVE HOURS 1 4 2 F NORTH CAROLINA Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HEBREW GERIATRIC BALTIMORE, 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO as the burial-transit permit. FUNEBAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21213 united states 1807 E. FEDERAL STREET 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES A 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 TO NO Specify: Specify: BY 3 Widowed 4 Divurced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY nse n (Specify only highest grade completed) for Elementary/Secondary (0-12) College (1-4 or 5+) STEAM SHIP TRADE n by the funeral director, page 5 should be detached removal. 6 th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DOC THIGPEN ROSETTA FARMER 펂 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 829 N. CAROLINA ST. BALTO. MARYLAND 21205 GLORIA A. SMITH 20a METHOD OF DISPOSITION 9 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must 1 N Burlel 2 Cremetion 3 Ramoval from State
4 Donation 5 Other (Specify) of cemetary, crematory or other place)
MARYLAND NATIONAL PARK 7-30 LAUREL, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH AVENUE medicai 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, filled in by Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disesse or condition ardio respuelacy resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): arlery engry traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSE VENCE OF): this certificate has been signed by the attending physician at with the State Dept. of Health and Mental Hygiene prior to I If sny, leeding to immediate cause. Enter UNDERLYING DUE TO (OF AS A CONSEQUENCE OF): en other t CAUSE (Disease or Injury that initiated events reculting in death) LAST 6 injury, PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 LINO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M DIRECTOR: After the hours after death w 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 determined Hem 29a. CERTIFIER

(Chack and place, and due to the cause(e) end manner as stated. TO THE HOSPITAL IT TO THE FUNERAL IT DE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 26.1993 mD Chilly gne 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YNIL 23434 West Belve M.D JANI ane July 32 David Bon Mary 1500

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



8

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR JULY WILLIAM THORNTON 27, 8:15 a.m m 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN MARYLAND 1 😡 M 2 🗌 F 212-36-8847 55 6-18-38 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR BALTIMORE CITY Pages 1, 2, RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND VES 2 NO BALTIMORE CITY funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10a, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 2229 E. 21213 FEDERAL UNITED STATES hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for unanal. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? VI YES INO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) PORTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM THORNTON BE NELLIF RICHARDSON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 BETTY THORNTON FEDERAL BALTO MD 21213 pe 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must GABRISON FOREST VA OWINGS MILLS, MD examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1101 NORTH AVE.-WM. C. MARCH F.H. medical 23. PART I. Enter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to bunal, cremation, or remo shock, or heart failure. List pniv one cause on each line. interval Batween **IMMEDIATE CAUSE (Fine)** Onset and Death the disease or condition resulting in death) 3 days DUE TO (OR AS A CONSEQUENCE OF): Gram requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, a years Metastatic traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 10 any injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 23 shows 1 TES 2 NO has been Dept. of F PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law in FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Rasidence 8 - Other (Specify) 4 - Nurs 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Resident - JHH 2 Songe Danoff. Johns 31. DATE FILED (Month, Day, Year)

JUL 3 0 1993 32. REGISTRAR'S SIGNATURE Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



v

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumat

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIEN	E	.2233				
1	1. DECEDENT'S NAME (First, Middle, Last) IRENE	TRUSTY			2. DATE OF DEATH	5, 1993	3. TIME OF DEATH 1:55 PM				
	4. SOCIAL SECURITY NUMBER 212-36-4532  98. FACILITY NAME (If not institution, give s	5. SEX 1  M 2  F	a. BIRT Coun	BIRTHPLACE (State or Foreign Country)							
TOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALITMORE										
L DIRECTOR	106. STATE 106. COUNTY 10C. CITY, TOWN OR LOCATION  MARYLAND  BALTIMORE CITY  106. STREET AND NUMBER										
FUNERAL	1915 E. HOFFMAN	WHÂT COUNTRY?									
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	NO If yes,	ecendent of HISPA specify Cuban, Maxic ES 2 X NO Specif	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) fy:	E — American Indian, ck, White, atc.					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL OCCUPY ive kind of work done during Do NOT use retired.)	TION most of working	DAYC	A D E					
COM	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	AME (First, Middle, Maiden						
BE (	Clarence Chamb		b. MAILING AOORESS (Street	Helen	Trusty Route Number City or Tow	n State 7in Code)					
2	Deborah Trusty		1915 E.Ho				21213				
	20s. METHOD OF DISPOSITION 1 X   Burtel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	20b. PLACE A	AND DATE OF DISPOSITION	(Name of	OATE 20c. LO	CATION — City or T	own, State				
	21. SIGNATURE OF FUNCYAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Н	23 PART i Enter/the diseases or	D' mes	WM.	C. MARC	H F.H. 1	101 NOR					
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final										
	disease or condition resulting in death)  a. Cardiac arrhythmia  Due to (or as a consequence of):										
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. carmonyopathy & wheunatic valve disease. 10 years  Carmonyopathy & wheunatic valve disease. 10 years  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION											
	d										
PHYSICIAN: MEDICAL	renal failure  PERFORMED?  OF  CC  OF										
AN:	25. WAS CASE REFERRED TO MEDICAL						1 TYES 2 SANO				
SICI	EXAMINER?  t ☐ YES 2 ☑ NO	HOSPITAL: 1 Pinpatlant 2 ER/Outpatient 3	OTHER:	PLACE OF OEATH (Ch							
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	NJURY AT WORK?		d. OEŞCRIBE HOW INJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	dent Investigation  28a. PLACE OF INJURY — All home, farm, street, factory, office  28d. LOCATION (Street and Number or Rural Route Number, publishing set, (Specific Investigation)									
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  A JULY 7357 NS1993										
۴	Dr. NAVIN SINGH 60	O'COMPLETEO CAUSE OF DEATH (ITEM	M 27) (Type, Print)	. ALC 3							
<b>)</b>	Dr. NAVIN SINGH, 60  31. DATE FILED (Month, Day, Year)  JUL 3 0 1993	32. REGISTRAR'S SIGNATURE FILE Daydon Rondom	SHINZ IN MY	1143 HOZBI	INL, ISALTIM	one, my					



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: Il tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR				CERTIF	ICALI	E OF	DEA	IH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest)								MONTH DAY YEAR			3. TIME OF OEATH		
	HYDRIC STEVENSON TART  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In was to								07-27-93				М	
	224-28-0921		5. SEX (	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF	BIRTH	1	8. BIRTH	th Carolin
	Se. FACILITY NAME (If not institution, give street end number)					9b. CITY, TOWN OR LOCATION OF DEATI							INTY OF D	
STOR	Anne ARundel Medical Center				r	A								rundel
DIRECTOR	MD 106. STATE Anne Arundel				Da Da	COLLY, TOWN OR LOCATION DAVIDS ON VILLE							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
¥	10e. STREET ANO NUMBER					101. ZIP CODE				10g. CITIZEN OF WH				
FUNERAL	3479 Vicksburg Drive					21035				USA				
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1X YES 2 N IF YES, GIVE WAR OR DATES  WWIII				NO	A TO MER A VIOLEN					14. RACE Black Speci	E — American Indian, k, White, etc. My: White		
	15. OECEDE (Specify only hig	NT'S EDUC	CATION completed)	16a	DECEDENT'S	vork done	CCUPATIO	ON st of working	na	16b. Ki	ND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5+)	M	anage.	e retired.)				Pom	ı. No	aral	las	
	17. FATHER'S NAME (First, Middle	, Last)		M	anage	men	L 50			NE (First, Midd			.00	
BEC	James Arthu	r TA	Art							e Bas		ourname)		
	19a, INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRESS	S (Street e	nd Number	or Rural Ro	oute Number,	City or Town	ı, State, Zi	p Code)	
-	Anne Tart				3479	Vi	cksl	ourg	Dri	ive,	Dav:	idsc	nvi	lle,MD
	## Surial 2 □ Cremation 3 □ Removal from State    Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremation   Commetter, cremat					DATE OF DISPOSITION (Name of ny or other place)  nt Cemetery Davidson								
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, M													
	23. PART I. Enter the disease shock, or heard iMMEDIATE CAUSE (Final disease or condition resulting in death)	ises, or c failure. L	list only one cause	on each	iina.	(		da of dyi		as cardiad	or reapi	ratory sr	rest,	Approximata interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):													
- 18	PART ii. Other aignificant of	ondition	contributing to de	eath but no	ot resulting i	n the un	deriying	cause g	given in P	Part i. 24	a. WAS AN		246.	WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED?  1 YES 2 NO COMPLETION OF CAU OF DEATH?  1 YES 2 NO									COMPLETION OF CAUSE OF DEATH?				
AN	25. WAS CASE REFERRED TO ME	DICAL					28. PL	ACE OF D	EATH (Chec	tronk one)				
2	1 YES 2 NO		HOSPITAL:	R/Outpatient	3 DOA	OTHER	t:				necifu)			
BT PHTSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest	fing Higation	28e. DATE OF IN (Month, Day,		28b, TIMI	OF	4 Nursing Home 5 Residence 8  OF 28c, INJURY AT WORK?  M 1 YES 2 NO			28d. DE\$CRIBE HOW INJURY OCCURED				
	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)									loute Number,				
3 Suicide 6 Could not be determined 5 Could not be determined 5 City or Town, Street, factory, office 229. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									) end manner as stated.					
20 0	296-SIGNATURE AND TITLE OF	Lei	eoniely.	w				29c. LICE	98	38		29d. DAT	E SIGNED	(Month, Dey, Year)
5	3d. NAME AND ADDRESS OF PER Stuaut E.		MICH, W.		900 900	Print) Bes	tga	te	An	nap.	Md	4	214	101
7	JUL 3 0 199	3	32. REGISTRAR'S	SIGNATUR	dell.								,	

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BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled I.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	0.		
	1. DECEDENT'S HAME (First, Middle, Last) DONNA	s.			1PSON	2. DATE OF DEATH MONTH 07	DAY 26	s. time of death 2.:00 AM	
-	4. SOCIAL SECURITY NUMBER 450-22-5938	1 🗆 M 2 📑 🗐	74 YRS.	IF UNDER 1 YE. MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-26-1	7	BIRTHPLACE (State or Foreign Country)	
TOR	98. FACILITY HAME (If not institution, give s  NORTH ARUNDE.  RESIDENCE OF DECEDENT		ASSOCIATI		96. CITY, TOWN OR LOCATION OF DEATH ON GLEN BURNIE A.A. COU				
DIRECTOR	10a. STATE 10b. COUNTY	ARundel		r, town on Lo			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ HO		
FUNERAL	1664 Carlyle			10f. ZIP CODE 2 1 1 4 4			10g. CITIZEH OF WHAT COU		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  Divorced	FORCES? 1 YES 2 XNO			DECENDENT OF HISPAI , apacity Cuban, Maxica YES 2 1 HO Specific	in, Puerto Rican, etc.)	ea or Ho—	14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of He. Do NOT u HOMema	work done during se retired.)	ATION most of working	186. KIHD OF B	sehol		
COM	17. FATHER'S HAME (First, Middle, Last)  Lambert F. Sa	ylor				ME (First, Middle, Maide, 1da I. S			
TO BE	19a. IHFORMANT'S HAME (Type/Print) Richard Thomp	son	196. MAILIHO 1614	ADDRESS (Str	et and Number or Rural as Dr. P	Route Number, City or R	wn, State, Zig Rock	S, MD 21777	
	20a. METHOO OF DISPOSITION 1 t. Surial X Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	1.1	20b. PLACE AHD DATE	ther star !				City or Town, State	
	21. SIGNATURE OF FORESTAL SERVICE LIC			Har	e and address of FA desty Fu Ridgely	neral Ho			
	23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause	on each line.					Interval Between	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CE	PART II. Other algnificant condition		eath but not resulting		ying cause given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: M	25. WAS CASE REFERRED TO MEDICAL			2	S. PLACE OF OEATH (Ch	neck anh one)		1   YES 2   NO	
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	Home 5 Residence				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY 28b. TIN	E OF 28c	INJURY AT WORK?	28d. DESCRIBE HOV	INJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF building, et	NJURY — At home, tarm, c. (Specify)	street, factory,	office	281. LOCATIOH (Stree City or Town, Sta	t and Number	r or Rural Route Number,	
COMPLETED	een)		y knowledge, death occur mination and/or investigation					ited. he cause(a) and manner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	E Food	get mi	>	29c. LICEHSE NU		29d. DAT	TE SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHE NEIL E. PADO	GETT, M. D	. 7706 QUA	RTERFII	CLD RD./GL	EN BURNIE	, MD.	21061	
6	JUL 3 0 1993	32. REGISTRAN							

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,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, urs after death. Page 6 may be retained by the hospital or at	TO THE PLINETAL LIPECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	De fried within 72 hazs after death with the state Legal of Health and Mental Hygene prior to burille, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE (	OF MARYLAND					MENTAL	HYG	IENI
	C	ERTIFICATE	0	F DEAT	TH		DEC	NO

REGISTRAR		CERTIF	ICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
Grace D. Vande						24 - 9			
579-14-7215	1 M 2 XF	E (In yrs. lest birthday) 83 yrs.		EAR IF UNDER 24 HRS. WYR HOURS MIN.	7. DATE OF	BIRTH 3 -0 9		Countr	
9a. FACILITY NAME (If not institution, give		0 5 INS.	AL OUT Y	OWN OR LOCATION OF E		3-09		Nev	
Anne Arundel M		+			MAIH		9c. COUNT		
RESIDENCE OF DECEDENT		rer	Anna	polis			Anne	AF	Rundel
	e Arundel		verly	Beach					10d. INSIDE CITY LIMITS? 1 YES 25 XNO
IOa. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
113 Elliott Pl							US	A	
II. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS	DECENDENT OF HISPA Da, specify Cuban, Maxic	NIC ORIGIN? (	Specify Yea o	r No- 1	4. RACE Black	- American Indian, White, etc.
B ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES		YES 2 XNO Spec		,			White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	S USUAL OCCU	JPATION	18h KI	ND OF BUSIN	VESS/INDI	ETOV	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life, Do NOT L	work done durir use retired.)	ng most of working					
12	2years	Audito	r		St	ate o	of M	ary	rland
7. FATHER'S NAME (First, Middle, Last)		7		18. MOTHER'S N	AME (First, Mide	dle, Malden Su	urname)		
	Oscar Pur	ay		E	Lizab	eth (	(unki	now	n)
90. INFORMANT'S NAME (Type/Print) James Vanderbu	rah	19b. MAILING	ADDRESS (St	treet and Number or Rural	Route Number,	City or Town,	State, Zip C	ode)	
	1 9 11				F.	lorid	la		
to. METHOD OF DISPOSITION    XBurial 2   Cremation 3   Res		0b. PLACE AND DATE		N (Neme of	DATE	20c. LOCA	ITION — CI	ty or To	vn, Steta
□ Donation 5 □ Other (Specify)		Lakemon	t Cem		i	Dav:	idso	nvi	lle,MD
1. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22 MAA						
				ME AND ADDRESS OF F		Home	0 P	7\	
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BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	ly filled in by the funeral director, page 5 should be detached for use as the burial-transit per ation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First	, Middle, Last)		2000				-		REG. N	0.		
			ed Wrigh	Mildr	ed A.	Wri	ght				DAY 29	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	<u> </u>		L2:30 P.M
	214-22-92	92	1 🗆 M 2 📡 F	87		MONTHS	DAYR	HOURS	MIN.	(Month, Day, Year) 7-20-0	6	Country)	
	90. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE		_	NTY OF DEAT	yland
R	Bel Fores	† N117	rsing &	Rehah	Ctr				Hill		1	Harford	
등	RESIDENCE OF DEC	10b. COUNT		renab						Hai	1014		
DIRECTOR	MD	10b. COUNT	Harfo	ord	10c. CI1	ry, town	r, town on Location  Jarrettsville			100	LIMITS?		
A	10e. STREET AND NUMBER						10	f. ZIP COE	Œ		10g. CITI	IZEN OF WHA	
ᇦ		1808 Trout Farm Road						2108	4			USA	
FUNERAL	11. MARITAL STATUS  1 Never Married 2	Manufact	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	CENDENT	OF HISPAN	IIC ORIGIN? (Specify Y	es or No-	14. RACE -	American Indian, /hita, atc.
BY	3 X Widowed 4 Divo		IF YES, GIVE W						Specify			Specify:	white
H	15. DEC (Specify on)	EDENT'S EDL y highest grade	JCATION e completed)		Give kind of	work done	devises and	ON ost of work	ina	16b. KIND OF B	USINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (CN/A	1-12)	College (1-4 or 5 -	·) "	WE. DO NOT U	se retired.)							
N N	17. FATHER'S NAME (First, M	lidello ( net)	21/ 22		Sales					Drug S			
			Ruppred	h+				18. MOT		ME (First, Middle, Maide	,		
BE	19a. INFORMANT'S NAME (7		Rupprec		10h MAII INC	ACCREC	C /Ctmat			Beatric			
5	Harriet A.		(daughte							Jarretts			2109/
1	20g. METHOD OF OISPOSIT	ION			E AND DATE							City or Town,	
	1X Burial 2 Crematic	(Specify)	noval from State	cemetery c	remetory or o	thar place!			eters	8/2 Bal		-	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	) _	1	22.	NAME AL	ND ADDRE	SS OF FAC	H ITY			Tyland
	Eval	ne	1 6	C	5/					neral Home Road Balt			21236
	23. PART i. Enter the di	seases, or	complicatione that	t ceused tha	deeth Do	not enter	tha mo	de of dy	ing, euch	ss cardiac or resi	piratory arr	est.	Approximate
	shock, or he IMMEDIATE CAUSE (Fin	eart reliure.	List only one cau	se on aach iir	na.					7			interval Between Onset end Deeth
	disasse or condition resulting in death)	<b>→</b>	Com	drap			220 7		1				Oliset elig Deeth
	resoluting in death)	8	DUE TO	(OR AS A CONS	EOUENCE O	F):	0	m	2				
Z	Sequentielly list conditi	ione C	b										
CERTIFICATION	If any, leeding to Immediates. Enter UNDERLY	diate	OUE TO	(OR AS A CONS	EOUENCE O	F):							
5	CAUSE (Diseese or inju		C. DUE TO	(OR AS A CONS	EQUENCE OF	D.							
E	that initiated events resulting in death) LAS	т		(011 25 2 00115	LOUZINGE O	7):							
R		-	d										
EDICAL	PART II. Other significe	nt condition	na contributing to	daath but not	resuiting	in the ur	nderlying	g csuse	given in I		NAUTOPSY RMEO?		RE AUTOPSY FINDINGS
ă		nee								1 🗆 YES		CO	MPLETION DF CAUSE DEATH?
Z I		hulo	ing tun	in						_			YES 2 NO
Ž			0										
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER				ck only one)			
17S	1 YES 2 NO		1 Inpatient 2 I					-	naldenca (	5 Other (Specify)			
	¥	Pending	28a. DATE OF (Month, Da	INJURY sy, Year)	28b. TIM INJ	E OF URY		RK?	- 11	28d. DESCRIBE HOW	INJURY OCC	URED	
B	2 Accident 3 Suicide	nvestigation	28a PLACE OF	F INJURY — At I				YES 2	NO				
COMPLETED	_ 。	Could not be detarmined	building,	etc. (Specify)	rome, rerm, r	street, ract	ory, ome			28f. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
9	290. CERTIFIER	EVINO PUNO											
A P	(Check only one) 2 MEON	CAL EXAMINE	R: On the best of	my knowledge, o	leath occum	d at the ti	ime, data	and place	, and dua t	to the cause(s) and ma lime, data and place, a	nner as atate	ed.	
	29b. SIGNATURE AND TITLE			annianon enazor	- Investigatio	n, sii niy o	pinion, a				nd due to the	) cause(s) and	d manner se stated.
BE	B. SIGNATURE AND TITLE	85							ENSE NUM		29d. OATE	SIGNEO (Mo	onth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAUS	E OF DEATH AT	EM 27) (See-	Print)		D	25	277		+12	9193
	Dr. David D					-	Di	r 1\n	ול יות	1015 Suite	103		
ri	31. DATE FILED (Month, Day, 1	fear)	32. REGISTRAI		i roat	ı De.	L AL	- , Pa	U:6' 1 4 3	LUIJ BUILLE	T02		
0	JUL 3 0 1	993	y ma wand	con-stand	L								

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BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t
	within 24 hours after	pletely filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	v requires that the death certificate be executed w	been signed by the attending physician and comp
DIVISION OF VITAL	. OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has b

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	C	ERTIF	ICATE C	F DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)				<u></u>		DATE OF DEATH			3. TIME OF DEATH
	MILDRED MARGARET WE	ININGER					JULY 29		993	5:15A M
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs. le	est birthday)	IF UNDER 1 YEA	A IF UNDER 24 HI	RS. 7. E	ATE OF BIRTH	, -		IPLACE (State or Foreign
	219-28-3889	M 2 1 5	7 YRS.	MONTHS DAY	S HOURS M		Month, Day, Year) PT 01, 1	035	Countr	
	9a. FACILITY NAME (If not institution, give street an	nd number)		9b. CITY, TOW	N OR LOCATION O		11 019 1		NTY OF D	
<u>۳</u>	NIH, THE CLINICAL C	ENTER			SDA, MAI		ATIO	MO	NTM C ON	/EDY
5	RESIDENCE OF DECEDENT	DIVIDIO		DEIM	JODA, FIA.	KILA	ND	MO	NTGO	MERI
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	MD BALTIMO	DRE	TOT	VSON						1 YES 2 NO
₹	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	8102 PLEASANT PLAI	NS RD			21286			U	SA	
5	11. MARITAL STATUS 12. W	MAS DECEDENT EVER IN U.S. A ORCES? 1 YES 2	RMED	13. WAS 1	DECENDENT OF HIS	SPANIC O	RIGIN? (Specify Yea	or No-	14. RACE	— American Indian,
ВУ		F YES, GIVE WAR OR DATES	, NO		specify Cuben, Me /ES 2 NO Se		arto Hican, etc.)		Speci	
									V	VHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		ECEDENT'S Give kind of v	USUAL OCCUP	ATION most of working		16b, KIND OF BUS	INESS/INC	DUSTRY	
=	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)				l	7 1 Y		**	
M		3	ecret	ary				*	ns H	ospital
	17. FATHER'S NAME (First, Middle, Last)						irst, Middle, Maiden	Sumame)		
BE	JOSEPH OLESZCZUK						SOBOTKA			
2	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			
	STANLEY WEININGER					S RD	TOWSON			
	20a. METHOD OF DISPOSITION  1 □XBurlai 2 □ Cremation 3 □ Removal for	om State 20b. PLACE	AND DATE (	of DISPOSITION ther plage)		1		CATION —		
	4 Donation 5 Other (Specify)		Kosar				3 Bal	Lto.,	Md.	
			_		AND ADDRESS OF		r Tuneral H	Jama	T 0	
	► Wallace S.	Brooks &	21.				Towson.			
	23. PART i. Entar the diseases, or compile shock, or heart failure. List or	cationa that caused tha d	esth. Do n	ot anter tha	mode of dying,	auch as	cardiac or reapir	ratory an	reat,	Approximata
i	IMMEDIATE CALISE /Float				,					interval Betwean Onset and Daath
	disease or condition reaulting in death)	FIGS DINOT	ONY	EDI	UNE					10 Bays
- 1		DUE TO (OR AS A CONSE  OUE TO (OR AS A CONSE	EQUENCE OF	7):						
Z	Sequantially list conditions, 6.	MESTLST	3770	31	16037	CAN	CER			1980-93
Ĕ		OUE TO (OR AS A CONSE	EOUENCE OF	7):						
2	CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF	7):						
DICAL CERTIFICATION	d									
ا پـ	PART II. Other algnificant conditions conf	tributing to death but not	resulting i	n tha underly	ring cause given	in Part	i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ਨੂੰ	ASCITES						PERFORI			AVAILABLE PRIDE TO COMPLETION OF CAUSE
	LIVED Bilu	115					T TES 2	Z/NO		DF DEATH?
51										1 YES 2 NO
<b>§</b>	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH	(Check on	ty one)			
PHYSICIAN: ME		SPITAL: inpatient 2 - ER/Outpatient :	3 DOA	OTHER:	ome 5 🗆 Realder					
<u>₹</u>		26a. DATE OF INJURY	28b. TIMI	E OF 28c.	INJURY AT		DESCRIBE HOW IN	JURY OCC	CURED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJ	44	WORK? YES 2 NO					
100	e recident	28e. PLACE OF INJURY At h	ome, farm, s	treet, factory, o	fica	281.	LOCATION (Street as	nd Number	or Rural R	oute Number.
H H	4 Homicide detarmined	building, etc. (Specify)					City or Town, State)			
الت	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: T	to the heat of my knowledge of		4						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the	To the best of my knowledge, di								
	29b. SIGNATURE AND TITLE OF CERDIFIER			n, in my opinior			data and placa, and			
BE	290. SIGNATURE AND TITLE OF CERTIFIER	Policie	0	Issau	29c. LICENSE		.00/0	29d. DATI	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	DI ETED CALLEE OF DEATH	1107 7		74664	37	-9060	1	120	7/93
	ERNESTO 8. SANK	OFR			TTT		TIME = - :			
		32. REGISTRAR'S SIGNATURE	9000	RUCKV	TTTE BIK	.Е, В	ETHESDA,	MD	208	92
X	JUL 3 0 1993 4	his Duriday May	ماالها							

who is a said dig to

9, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin Estate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OF VITAL RE	PHYSICIAN: The law req	this certificate has been with the State Dept. of	rked, or item 23 sho
DIVISION OF	TAL OR ATTENDING !	THE FUNERAL DIRECTOR: After this of filed within 72 hours after death with	If item 28 is mar
	TO THE HOSPI	TO THE FUNEF be filed within	<b>IMPORTANT</b> :

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Las	0)				2. DATE OF DEATH MONTH		YEAR	3. TIME OF DEATH
	ELIZABETH R.	. WOLKO						993	1:50 P
	4. SOCIAL SECURITY NUMBER	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE OF BIRTH (Month, Day, Year		8. BIRTH	IPLACE (State or Foreign
	214-14-0344		34 YAS.	MINS DATE	HOOKS MIN.	Jul. 25			ryland
~	9a. FACILITY NAME (If not institution, give	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	9	b. CITY, TOWN O		DEATH	9c. COU	NTY OF D	EATH
5	1108 DANIELS A			BALTI	MORE		BA	LTIM	ORE
DIRECTOR	10a. STATE 10b. COUP		10c. CITY, 7	OWN OR LOCAT	ION				10d. INSIDE CITY
=	Maryland Bal	timore	Bal	timore					LIMITS?
	10e. STREET AND NUMBER	CIMOI C	Dax		ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	4837 Carmella Dr	ive			21227		11	J. S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HIS	PANIC ORIGIN? (Specify	Yea or No-	14. RACE	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			2 K NO Spe	ican, Puerto Rican, etc.) cily:		Speci	
	X			1					White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	ide completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mo:	N at of working	16b. KIND OF	BUSINESS/IND	DUSTRY	
121	Elementary/Secondary (0-12)	College (1-4 or 5+)				77	1		
NO I	unknown  17. FATHER'S NAME (First, Middle, Last)		Homemak	19	16 MOTHER'S	NAME (First, Middle, Main	making		
	Philip	7	HALHEIMER		Tel mottlett b		- 20		
BE	19a. INFORMANT'S NAME (Type/Print)	1			nd Number or Rui	Unknown  all Route Number, City or		Code)	
2	Donald S. Wolkof	f	THE STEEL SHOW			st, Sever		211	44
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF	DISPOSITION (Ne.			LOCATION —	City or To	wn, Stata
	1 Transition 2 Cremation 3 Re 4 Donation 5 Other (Specify)		netery, cremetory or other	plece)	ian Ort	h71/30 E	krida	e M	D
	21. SIGNATURE OF FUNERAL SERVICE		)	22 NAME AN	D ADDRESS OF	EACH ITY		C 9 11	
	D Chistins	. Wmin				RAL HOME I			
Н	23. PART I. Enter the diseases, o	r complications that cause	d the death. Do not	enter the mo	de of dulpa e	AVENUE-BA	LTIMOI	KE, N	Approximete
	shock, or heart fellur	e. List only one ceuse on e	ech line.	ontor the mo	ac or cynig, a	ocii es cerdiac or re	opilatory at	roat,	Interval Batwee
	IMMEDIATE CAUSE (Finel disease or condition	1 10 -0	200	the see	3	0 (			Onset and Deat
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):	-	ALBRO	mercy !	~		
z		- Devere		Can	land	2 vose	ulu	Oc	chlyle
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		Jenoco	rem	201	Bross	S		
1 = 1	that initiated events	DUE TO (OR AS	CONSEQUENCE OF):			0 0		0	
CERTIFICATION	resulting in death) CAST	& Keconi	t ace	ele 1	Myor	order!	when	كل	
AL C	PART II. Other significent conditi	ons contributing to death !	out not resulting in	the underlying	ceuse given	In Pert I. 24a. WAS	AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
						PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
8						1 [ TES	2 [] NO		OF DEATH?
≥				-					1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	1		26. PL	ACE OF DEATH	Check only one)			
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		THER:		e 6 Other (Specify)			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C	F 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OC	CURED	
	Netural 5 Pending	(Month, Day, Year)	INJUR		RK? 'ES 2 NO	100			
р Вү	2' Accident Investigation 3 Suicide 8 Could not b	28a, PLACE OF INJURY	/ — At home, farm, stre	et, factory, office		28f. LOCATION (Sin		r or Rural i	Route Number,
	4 Homicide determined		City)			City or Town, St	ato)		
COMPLETED	29a. CERTIFIER CERTIFYING PH	YSICIAN: To the best of my know	rledge, death occurred	et the time, data	and place, and o	lua to the cause(a) and	manner se sta	ted.	
WC	and V	NER: On the basis of exemination							a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE I				(Month, Day, Year)
BE	Bonneti .	Tolott.	~0		2008	67	<b>&gt;</b> -	7/20	192
2	30. NAME AND ADDRESS OF PERSON	NHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	1700			1100	1.90
	DR. BENJAMIN YO	RKOFF - 120 S	T. PIERRE	DRIVE.	CULTE O	1_TOUGON	MD		
	31. DATE PILED (MONTH, Day, THEY)	HEGISTRAH SIGN	P. Halle	DKT A E-	SULIE Z	T-TOWSON.	MD.		
10	JUL 3 0 1993 g	was Davidson-Name	-						
1	V								



IMPORTANT: 1

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	IE FUNERAL DIRECTOR; After this certificate has been signed	d within 72 hours after death with the State Dept. of Health	RTANT: If item 28 is marked, or item 23 shows an

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC				HYGIENE REG. NO.			
- 13	1. DECEDENT'S NAME (First, Middle, Last)	7 111	. 1			2, DATE OF	F DEATH DAY	/ OVE		IME OF DEATH
	Joyce	J. Wr	nite			7	24	1 95		12.25 M
13	4. SOCIAL SECURITY NUMBER 219-32-7953	1 - M 2 DF 5	7 YRS. MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	1-	P BIRTH Day, Year) 22- E	36 N	ountry)	Yland
OB	90. FACILITY NAME (If not institution, give:  Stella Mari	street and number)	e_   90		R LOCATION OF DE	ATH		Bal-	Se B	nore
ECT	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	γ	10c. CITY, I	OWN OR LOCAT	ION				10d	. INSIDE CITY
DIRECTOR	MARYLAND BA	Mimore	1	ARKVI	علا				1 [	LIMITS? YES 2 NO
	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	3520 Hiss (				31334			Ų	·2-4	ને -
	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2> NO	If yes, spe	ENDENT OF HISPAN	n, Puerto Ric			Black, Wi	American Indien, lite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DAI	53	1 TYES	25 NO Specify	/.·			Specify:	TZ
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S US (Give kind of world	done during mo		16b. K	(IND OF BUSI	NESS/INDUST	RY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n							
SW C	17, FATHER'S NAME (First, Middle, Lest)		FII	Jours	18. MOTHER'S NAI	ME (First, Mid	ddle, Maiden S	urname)		
	VIRDOD H	Smith S	R.		THE	Ima	020	NER		
38 6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DRESS (Street a	nd Number or Rural F	Route Number	r, City or Town,	State, Zip Coo	le)	
5	FAMILY REC	DRQS .	SAG	ns As	ABOVE					
	20e, METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Ren	noval from Stale	PLACE OF DISPOSITI	ON (Name of cen	netery, crematory or		20c. LOC	ATION — City	or Town,	State
	4 Donetion 5 Other (Specify) 21, SIGNATMRE OF FUNERAL SERVICE L		ARDINS O	22, NAME AN	D ADDRESS OF FA	CILITY C	11/07	THAT !	1708	STAND
	I forly 43	ramh		EVAN 880	S CHART	DAO.	ROAD	-P26	kr	117
	23. PART I. Enter the diseases, or shock or heart fallure	complications that caused List only one cause on ea		anter the mo	de of dying, suci	h sa cardi	ac or reapir	atory arrest,		Approximate Interval Between
	IMMEDIATE CAUSE (Final	A A I I I	Λ 1				0 1			Onsat and Daath
	disease or condition resulting in death)	. Metastati	C Aden	o Car	Cinoma	ad		ing		
_		DUE TO (OH AS A	CONSEQUENCE OF):							
OI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	causa. Enter UNDERLYING CAUSE (Disease or Injury	c								
ШE	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CER		d								
AL	PART II. Other aignificant condition	na contributing to death bu	it not resulting in	tha underlying	g cauaa givan in	Part I.	24a. WAS AN / PERFORI			RE AUTOPSY FINDINGS
DIC						_	1 TYES 2	No		MPLETION OF CAUSE DEATH?
Z			1			-			1 [	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		/	26. PI	ACE OF DEATH (Ch	neck only one	1			
SIC	EXAMINER?	HOSPITAL:	etient 3 🗆/DOA	THER:	e 5 🗆 Residence		1	OSPI	ce	
Ή	27. MANNER OF DEATH	28s. DATE OF INJUSTY (Month, Day, Vise)	28b. TIME (	DF 28c. INJ				JURY OCCUR		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec)	At home, farm, str	et, factory, offic	•		TION (Street a r Town, State)	nd Number or I	Rural Flouti	Number,
Z.	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowle	edge, death occurred	at Jhe Hme, date	end place, end due	to the caus	se(e) end men	ner ee stated.		
MO	(Original Dring)	ER: On the basis of examination							iuse(e) an	d manner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mo	ogth, Day, Year)
TO B					1/15	507		1	26/	93
F	30. NAME AND ALDRESS PERSON W	CHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P 2 3 30	rint) gar!	smy	Us /A	4 /	el .	21	2 64
0	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							

1		FOR STATE REGISTRAN
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BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, La	1 0					2. DATE OF MONTH	DEATH	,	3. TIME OF DEA
	10A0 1	PARIZ U	URIGHT	7			JUL	122	1993	^ ^ .
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEA		7. DATE OF ( (Month, De			BIRTHPLACE (State or F
	214 26 0499	1 □ M 2 💢 F	62	YRS.	MONTHS DAY	HOURS MIN.	Osc.	SPI (	2 0	PARYLAND
	De. FACILITY NAME (If not institution, give	ve etreet and number)			9b. CITY, TOW	N OR LOCATION OF D	EATH	, , ,	~	Y OF DEATH
2										
DIRECTOR	RESIDENCE OF DECEDENT								Ord	111.1015
2	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CIT
ā	MARYLAND BAY	Borily	4000		LARAL	4				1   YES 2
A I	10e. STREET AND NUMBER	^			Free District	101. ZIP CODE	1		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	2501 HAR	WOOD K	090			2834			11	07.1
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM		13. WAS 0	ECENDENT OF HISPA	NIC ORIGIN? (S	Specify Yes	or No— 1	4. RACE — American Ind Black, White, etc.
- 1	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 NO	)		specify Cubsn, Mexico		in, etc.)		Black, White, etc. Specify:
À	3 Widowed 4 Divorced					LO LINE NO GOSCA	7.			1000
	15. DECEDENT'S E		16a. DEC	EDENT'S	USUAL OCCUP	TION	16b. KII	ND OF BUSI	NESS/INDU	STRY
<u>.                                     </u>	(Specify only highest gri	College (1-4 or 5 +	life I	e kind of Do NOT u	work done during se retired.)	most of working				
ᆲ	12YRS			T	Home					
COMPL	17. FATHER'S NAME (First, Middle, Last)			,	0 10 1 2	18. MOTHER'S NA	ME (First, Midd	fle, Maiden S	Surneme)	
Ŭ U	211:111	ROTT	H			5)25)		12	Jagr	200
m	19a. INFORMANT'S NAME (Type/Print)	10013	106	MAHINO	Anness /s-	et and Number or Rural	11 1 40 10	Chu as Youn	Plate 7/a C	IMCI
임		20902	700.	~	0.000			ony or rown,	, State, Alp U	~~~)
	20e. METHOD OF DISPOSITION	CURCO .		<u> </u>	41.0	AS AGO		I		
	DR Buriel 2 ☐ Crematton 3 ☐ R	emoval from State			OF DISPOSITION	(Name of	DATE 93	20c. LOC	ATION - CI	ty or Town, State
	4 Donation 8 Other (Specify)		PARK	100		JE12RY		LA	RVI	M2 1 ABIL
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				AND ADDRESS OF FA		Ropa	255	1
	I Was	Lanere L			000	LOSE OF	2 Roar	0	arki	.10
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Neta	COR AS A CONSECU	B UENCE O	reast	Cancer				Interval E Onset an
ERTIFICATION	disease or condition	b	(OR AS A CONSEOU	UENCE O	PF):	Cancer				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CONSEOL	UENCE O	PF):		Part I. 24	s. WAS AN A	MED?	Onset an  3  24b. WERE AUTOPSY F AMALABLE PRIOR
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CONSEOL	UENCE O	PF):		Part I. 24		MED?	Onset an 3
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CONSEOL	UENCE O	PF):		Part I. 24	PERFORM	MED?	24b, WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO  C. DUE TO  d	(OR AS A CONSEOL	UENCE O	F): F): In the underly		Part I. 24	PERFORM	MED?	24b, WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO c. OUE TO d	(OR AS A CONSEOL	UENCE O	in the underly	ring cause given in	Part I. 24	PERFORM	MED?	24b, WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO  c. DUE TO  d	(OR AS A CONSEOL  (OR AS A CONSEOL  death but not re	UENCE O  UENCE O  aulting	PF):  In the underly  28.  OTHER: 4   Nursing H  AE OF   28c.  JURY	PLACE OF DEATH (C/	Part I. 24-	PERFORM  YES 23	MED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO  c. DUE TO  d	(OR AS A CONSEOL  (OR AS A CONSEOL  death but not re	UENCE O  UENCE O  aulting  DOA  28b. TIN	PF):  In the underly  28.  OTHER: 4   Numing H  AE OF 28c.  JURY M 1 [	PLACE OF DEATH (CF	Part I. 24-	PERFORM  YES 2)	MED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	b. OUE TO  C. DUE TO  d  HOSPITAL:  1   Inpatient 2    28e. DATE OF (Month, Do)  28e. PLACE Of building,	(OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  death but not re  ER/Outpatient 3 [ INJURY  oy, 'bear']  F INJURY — At hometc. (Specify)	DOA 28b. TIN RY.	28. OTHER: 4 Nursing H AE OF 28c. JURY M 1 [ street, factory, o	PLACE OF DEATH (C) Ome 5% Residence INJURY AT WORK?  YES 2 NO	Part I. 24- 1 1 S Other (St. 28d. DESCRII 28f. LOCATIC City or R	PERFORM  YES 23	MED?  NO  JURY OCCU	Onset an  3  24b, WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   IRED
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	b. OUE TO :  c. DUE TO :  d	(OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CONSEOL  (OR AS A CON	DOA 28b. TIN RN.	28. OTHER: 4 Nursing H AE OF 28c. JURY M 1 [ street, factory, o	PLACE OF DEATH (C) Ome 5% Residence INJURY AT WORK?  YES 2 NO	Part I. 24	PERFORM  YES 23  Pecily)  IBE HOW IN.  ON (Street endown, Stete)	JURY OCCU	Onset an  3  24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   PRED  PRED  PRUIT Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions or injury that Initiated events resulting in death) LAST  PART II. Other significant conditions or injury that Initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. 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FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFIC			REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	DEIVILLE	WE	154	2. DATE	OF DEATH THE DAY 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr		UNDER 1 YEAR IF UNDER	(440-	OF BIRTH 8.	BIRTHPLACE (State or Fore
	212-07-9973	1 12 M 2 D F 85	YRS. MO	NTHE DAYS HOURS	MIN. MA	th, Day, Year) 1908 2	CLLICOTT CIT
	90. FACILITY NAME (If not institution, give so 2904 CUB RESIDENCE OF DECEDENT	HILL ROAL	) 96	CUB HIL	N OF DEATH	9c. COUNT	TIMORE
DIRE	MARYLAND BAL	TIMORE C.	D. CL	OWN OR LOCATION	4		10d. INSIDE CITY LIMITS? 1 YES 2
ONE	2904 CUB	HILL	COAD	10f. ZIP CODE	234	4.	S A
2	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	1 INO	13. WAS DECENDENT OF			Blank, White, etc. Specify:
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16.	a. DECEDENT'S USI	done during most of working	16	b. KIND OF BUSINESS/INDUS	STRY
LEI LEI	Elementary(Secondary (0-12)	College (1-4 or 6+)	AVIDSON	NOVINC	545	TORAGE -	off. MAN
COMP	17. FATHER'S NAME (First, Middle, Last)	, /	7.11.4	18. MOTH	ER'S NAME (First,	Middle, Melden Surneme)	
20	JOE WELST	9		AG.	NES	CAVEY	
2	190. INFORMANT'S NAME (Type/Print)	ECORDS	190. MAILING AD	NE AS	or Rural Route Num	nber, City or Town, State, Zip C	ode)
	20a. METHOD OF DISPOSITION  1 METHOD OF DISPOSITION  1 METHOD OF DISPOSITION  4 Donation 8 Other (Specify)	oval from State 20b. PL.		ISPOSITION (Name of	DA 7-	TE 20c. LOCATION — CIT	y or Town State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 2	n find	22. NAME AND ADDRES		1 26 m	maris s
	1 When	7. yaur mi	70677	EVHINS	232	TO ESTE	PARILIUM
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ausio C	arcinoma			
EDICAL CER	PART II. Other significant condition	s contributing to death but i	not resulting in t	he underlying cause g	Iven in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T
Σ						1 TYES 2 NO	OF DEATH?
z						noe)	
N N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF O	ATH (Check only o		
TOICIA	EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie		26. PLACE OF OR THER: Nursing Home 5 He			
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR	STATE OF MARYL		TOF HEALTH AND	MENTAL HYGIENE REG. NO.	93 22243
1. DECEDENT'S NAME (First, Middle, L Earnest	Earl		ker	2. DATE OF DEATH DAY 7-29-93	3. TIME OF DEATH 9:30 Am
4. SOCIAL SECURITY NUMBER  235–30–7835  90. FACILITY NAME (If not institution, g	13€ M 2 □ F	(In yrs. lest birthdey) IF UND MONTHS	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) Sept 20, 10	a. BIRTINPLACE (State or Foreign Country)  926 West Virginia ac. COUNTY OF DEATN
Francis Scott I	Key Medical Cer	nter Ba	Itimore City	,	•
Francis Scott I RESIDENCE OF DECEDENT 100. STATE 100. COI Maryland		10c. CITY, TOWN			10d. INSIDE CITY LIMITS? 1 □ YES 2 ➡ NO
		Baltin	101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?
100. STREET AND NUMBER  1041 Horners Is  11. Marital Status  1 Nover Married 2 St Married	12. WAS DECEDENT EVER I	N U.S. ARMED 13	21205 B. WAS DECENDENT OF HISPA		No. 14. RACE — American Indian,
3 Widowed 4 Divorced	FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 🗌 NO	If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Bleck, White, atc. Specify:
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last,		18a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUSING	
12 17. FATHER'S NAME (First, Middle, Last,	)	Utility Ma		Automobi	mame)
Dale C. Walke	r			Cook	
196. INFOHMANT'S NAME (TyporPrint)			SS (Street end Number or Rural		
Hazel Mae Wal  20a. METNOD OF DISPOSITION  1 Buriel 2 Cremetion 3 1  4 Donation 8 Other (Specify)	Ramoval from State 20th	netery, cremetory or other place of the Hill Me	e) Gard. 7	/31/93 Balt	aryland 21205 TION - City or Town, State timore, Maryland
21. SIGNATURE OF FUNERAL SERVICE	San In	E E	ruzdzinski F	uneral Home	
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	ARRES adrous ala		Interval Between Onset and Death
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25. WAS CASE REFERRED DO MEDICA EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Notural 5 Pending	1 Inpetient 2 ER/Out	28b. TIME OF INJURY	ursing Nome 8 ☐ Residence  28c. INJURY AT WORK?  1 ☐ YES 2 ☐ NO	8 Other (Specify)  28d. DESCRIBE HOW INJU	URY OCCURED
2 Accident Investigati 3 Suicide 8 Could not 4 Nomicide determine	28e. PLACE OF INJURY building, stc. (Spe-	/ — At home, farm, street, fa		281. LOCATION (Street end City or Town, Stelle)	f Number or Rural Route Number,
one)	HYSICIAN: To the best of my know				or as stated.
296. SIGNATURE AND TITLE OPCERT	e Papel	4	29c, LICENSE NO	MBER 2	29d. DATE SIGNED (Month, Day, Year)  7 29 83
LES R. BAR		ATN (ITEM 27) (Type, Print)	CENTA		
31. DATE FILED (Month, Day, Year)	ha Javidson-Rona	ATURE			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, — BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L RECORDS, P.O. I	law requires that the death certifical	as been signed by the attending phops, of Health and Mental Hydiene	23 shows any injury, or other
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item .

FOR STATE REGISTRAR 93 22244 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 0.7 30 Michael Ames 1993 10:44P.M A SOCIAL SECURITY NUMBER 7. DATE OF BIFTTH (Morith, Day, Year) 6/1/61 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1X M 2 | F 32 216-78-1319 BALTO., MD 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital E.R. Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 **#34 WALDEN LAUREL COURT** USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuben, Mexican, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried BY 1 TYES 2 TO Specify: 3 Widowed 4 Divorced **Black** 11/28/89 8/26/91 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-t2) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Donald Ames Elaine McKenzie BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 #34 Walden Laurel Ct. Kay Ames Balto., MD 21207 2 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Garrison Forest Vet. Cem. Owings Mills, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** intervai Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) ACUTE NARCOTIC INTOXICATION event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL shows any YES 2 NO OF DEATH? PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 X YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 6 28e. DATE OF INJURY F (Month), Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 7-30-93 UNKNOWN 2 Accident UNKNOWN 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 60 8 📉 Could not be COMPLETED 4 Homicide 28 FOUND: RESIDENCE Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated. 2 XMEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b, SIGNATURE AND TITLE OF CENTIFI 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE hute un) 2 .M.E 07/31/1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

111 Penn Street.

Baltimore.

Maryland

June Janes

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	1 - REGISTRAR		CERTIFIC	CATE OF DEAT	H	REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	R AH	BOTT	,	2. DA	TE OF DEATH	DAY A	3. TIME OF	DEATH D
1	4. SOCIAL SECURITY NUMBER 286-34-8782	5. SEX 6. AGE		F UNDER 1 YEAR F UNDER :	24 HRS. 7. DAT	E OF BIRTH	1024	BIRTHPLACE (State Country)	
Œ	90. FACILITY NAME (If not institution, give	,	3	DE. CITY, TOWN OR LOCATION	N OF DEATH	14 30	9c. COUNTY	OF DEATH	Ohio
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  ,40b. COUNT	SHOCK	TRAVAR	TOWN OR LOCATION	(NOL	٠.	PAC	TIMORE	
	MACHANI)  104. STREET AND NUMBER	BALTIMOR	8	RE157E	XSTI	WN		10d. INSIDE LIMITS 1 TYES	
FUNERAL	1039 61	PENHILL	PAPM 1	POAD 101. ZIP CORE	1136.			n of what count USA	RY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 Y YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF If yes, specify Cuben 1 — YES 2 X NO	HISPANIC ORIG , Maxican, Puert Specify:	GIN? (Specify You o Ricen, etc.)	ne or No— 14	RACE — Americe Black, While, etc. Specify: White	n Indien,
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during most of working	7 10	6b. KIND OF B	JSINESS/INDUS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Manag	ement				ic Corp.	
BE CC	Charles T. Abi	bott			er's name (First Mily Sh		n Sumeme)		
5	190. INFORMANT'S NAME (Type/Print) Scott B. Abbott	1		igby Green		mbor, City or To		22310	
	20a, METHOD OF DISPOSITION 1/ Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stale cen	PLACEANDDATEGE		- 04	200 1	DCATION CIN	on Town State	
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE	vergreen	22. NAME AND ADDRESS	S OF FACILITY			rstown R	d .
	23. PART I Enter the diseases, or	complications that cause	the death. Do not	Eline Fund	eral Ho	me Re	isters:	town. Md	.21136
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart fellure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Right Submitted Windows Cause on the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death								
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.								
CATIC									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		1	MI	of me		
	PART II. Other algorificant condition	na contributing to death b	ut not reaulting in	the underlying causa gi	ven in Part I.	24a. WAS A		24b. WERE AUTO	
MEDICAL						1 TYES	RMED?	AVAILABLE P COMPLETION OF DEATH?	
- · · · · III								1 TYES	l 🗌 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PLACE OF DE					
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	493 286. TIME O	OF 28c. INJURY AT WORK?	28d. Di		INJURY OCCUR	RIPO	70
ED BY	2 Accident Investigation 5 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stre		NO 2ar. LO	CATION (Street y or Town, State	and Number or	Rural Route Number,	
LETEI	On CERTIFIED	ICIAN: To the best of my know	STREE			rez Mill	000	Mill lo	ad.
COMPL	2 MEDICAL EXAMINI	ER: On the beels of examination						euse(a) end manne	r ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Mr.	MD)	MD	O45	897-L	29d. DATE SI	GNED (Month, Day,	16ar) 493
	30. NAME AND ADDRESS OF PERSON WH	A ACR		UNIVERS/TY	1 0F	MARY	LAND	MEDIL	杠
	31. DATE FILED (Manush Day, Your)	ALLE O 100		54576	en B	ALTIA	1025	HIGETA	ע׳

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0029

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-trans, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH A	ND MEI	NTAL HYGIEN REG. NO.		
	DECEDENT'S NAME (First, Middle, Last)	Louis Alb	i			DATE OF OEATH DO NOTH ULY 30,	* 1993 YEAR	3. TIME OF OEATN  7 - 31 p m
1	4. SOCIAL SECURITY NUMBER 215-03-7897	5. SEX 6. AGE (	F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Mar. 13, 1898 Italy					
TOR	90. FACILITY NAME (If not institution, give st GOOD Samaritar RESIDENCE OF DECEDENT		96.	Baltimore	Cit	у	9c. COUNTY OF	OEATH
DIRECTOR	10c. CITY, TOWN OR LOCATION  Maryland  Baltimore City							10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL		Lochwood Roa	ad	10f. ZIP CODE	21	218		States
B	11. MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR DO	2 X NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 TYES 2 NO	Maxican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	BI	cce — American Indian, ack, Whita, atc. ecity: White
COMPLETED	15. OECEDENT'S EOUC (Specify only highest grade: Elementary/Secondary (0-12)	CATION completed)  Coflege (1-4 or 5+)	(Give kind of work life. Do NOT use ret Cabinetm	done during most of working ired.)		16b. KINO OF BUS	BINESS/INOUSTRY	
BE CON	J	Albi			rs name () gelin	a 0	_{Sumame)} limpia	
٩	19a. INFORMANT'S NAME (Type/Print) Concettina R.		1637 Lo	chwood Road		timore,	Md. 21	
	20a. METNOO OF OISPOSITION 1 X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIQ	ovel from Stata cere	PLACE ANO OATE OF OIL GEORGE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	emetery 8/3	3/93	В	cation — city or altimore	e Maryland
	· milton	Knight	$I_{-}$	Leonard J	. Ruc	k, Inc.	5305 H	Md. 21214 arford Road
	23. PART I. Enter the diseases, of shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aspire	sch iine.	ALIAWW.		cerdiec or respi	ratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					
- 11	PART II. Other aignificent conditions	contributing to death b	nt not resulting in th	a underhila ocuse ali	on to Boot	1   24, 1172 411		
: MEDICAL				e unuarrying cause giv	en in Pari	I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		28. PLACE OF OEA				
BY PHY	27. MANNER OF OEATH  1 Neturel 5 Pending	1 Inpetient 2 ER/Outp  28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Resid	28d	Other (Specify)	NJURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office	281.	LOCATION (Street a City or Town, State)	and Number or Rura	il Route Number,
COMPLEIED		NAN: To the beat of my knowl R: On the beats of examination						e(e) and manner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	mi lit	M.	29c. LICENS	SE NUMBER		29d. OATE SIGNI	(Month, Oay, Year)
	30. NAME AND ADDRESS OF PERSON WHO	mihann	ATH (ITEM 27) (Type, Print		ama	in/fan	HEUN	ital
5	AUG 0 2 1993	32. REGISTRAR'S SIGN				1		

OHMH-16 Rev 1/89

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s. and

YEAR

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3. TIME OF DEATH

2. DATE OF DEATH MONTH 7- 30- 1993

1 - STATE REGISTRAR

HENRY

1. DECEDENT'S NAME (First, Myddle, Last)

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	94. FACILITY NAME (IT not instituti	ion, give atreet and number)		9	b. CITY. TOW	N OR LOCATION OF DE	7-3-190		Pennsy	
СТОВ	CHURCH HOSPITAL				96. COUNTY OF DEATH BALTIMORE 96. COUNTY OF DEATH					
DIRECT	RESIDENCE OF DECED  10a. STATE  10b  MD.	COUNTY			TOWN OR LO				10d. II	ISIDE CITY
	10e. STREET AND NUMBER	BHEITHORE		D D		10f, ZIP CODE		45. 01717	11.11	ES 2 N
ER	6900 M	ornington	Rđ.		,	21222			EN OF WHAT C	DUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2X Merr  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. /		If yes,	DECENDENT OF HISPAN, specify Cuben, Mexican /ES 2 X NO Specify	n, Puerto Rican, etc.)	U.S.A.  a or No-  14. RACE — American Indian, Black, White, etc.  Specify: White		
LETED	(Specify only high Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed)  College (1-4 or 5+	) A	DECEDENT'S US (Give kind of work life. Do NOT use n	k done during retired.)	most of working	16b. KIND OF BU	<u> </u>		
COMPL	12 yrs		Sa	afety	Engir	neer	Stee:	l Co.		
COM	17. FATHER'S NAME (First, Middle, Frank Ama					1	ME (First, Middle, Meiden	.,		
BE	19a. INFORMANT'S NAME (Type/P						beth Robe			
10 B	Thelma Amar		1			et and Number or Rural R				2.2.2
8	20a. METHOD OF DISPOSITION	111				nington I				
	1 Buriel 2 Cremation 3	olf a	cemetery, c	rematory or other Lawn (	place)		0 00 7		ty or Town, Sta	
	21. SIGNATURE OF FUNERAL SEI	RVICE LICENSEE D D1	<u>- I Uak.</u>	Lawn (	22. NAME	EAND AGORESS OF FAC	2-93 Ba	Ito.	, Ma. 21	. 224
a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyanical and a cyan	21. SIGNATURE OF FUNERAL SEI	Stack	1111p 11005	Stack.	Brad 2134	ley-Asht Willow	on Funer Spring R	al Ho	ome, I	nc. ld.21
	IMMEDIATE CAUSE (Final disease or condition	fallure. Liet gnly one cou	ae on aech lin	daeth. Do not na.	enter tha r	mode of dying, auch	es cardlec or reap	Iratory arre	- 1	approximata
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Response	(OR AS A CONS	FOUENCE OF):  MM	fer:	wode of dying, auch	afore f	To N	- 1	approximata
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	b. Due to	(OR AS A CONS	EQUENCE OF):	fer:	wode of dying, auch	afore f	To A		Approximate nterval Batv
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TED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH    1 Netural 5 Pendi Invest 2 Accident Invest 3 Suicide 8 Coulc deten  29a. CERTIFIER (Check only 1 CERTIFYIN	DUE TO  BUE TO  C.  BUE TO  GUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  BUE TO  C.  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THER: Nursing Hose M 1 Cel, factory, of	Ing cause given in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in its place of beautiful in	Part I. 24a. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	rours after death. Page 6 may be retained by the hospital or attending anyone	illed in by the funeral director, page 5 should be detached for use as the burial-to, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending any activities.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	S	TATE OF MAI		PARTMEN TIFICAT				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, SARAH	Middle, Last) Lou:	ise			I	BIAS	2. DATE OF	DEATH 300	grega	3. TIME OF DEATH 2:49 A.
4. SOCIAL SECURITY NUMBER 137–74–0917	1 [	M 2 🔭 F	AGE (In yrs. lest birt)	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH ay, Year) -1979	8. BIRTI Count New	PLACE (State or Foreign  V)  Jersey
98. FACILITY NAME (If not ins 3801 CANTE	RBURY	ŕ				AORE CI		9c. (	COUNTY OF E	PEATH
3801 CANTE RESIDENCE OF DEC 100. STATE New Jersey	10b. COUNTY	Sussex	100	c. CITY, TOWN	OR LOCAT	юн Spa.	rta			10d. INSIDE CITY LIMITS? 1 YES 2 HO
10e. STREET AND NUMBER	6 Hicks	ery Tree	Lane		10f.	ZIP CODE	7871	10g.		WHAT COUNTRY?
3 Widowed 4 Divor	farried	WAS DECEDENT EN FORCES? 1 I	YES 2 WAS	13.	If yes, spe	ENDENT OF HISPAI polity Cuban, Maxica 2 NO Specifi	in, Puerto Rici	Specify Yes or No in, atc.)	14. RACI Blac Spec	E — American Indian, k, White, etc.
(0161	DENT'S EDUCATION And the composition (Co. 12)		(Give kir life. Do h	ENT'S USUAL Cond of work done (OT use retired.)	during mos	N st of working		nd of Business		
Elementary/Secondary (0-8  17. FATHER'S NAME (First, Mic		mas G. B		udent		18. MOTHER'S NA	ME (First, Mide			
190. INFORMANT'S NAME (7), Linda E				CKETY		nd Number or Rural Lane S		City or Town, State New Jer		7871
20s. METHOD OF DISPOSITION 1	3 🗆 Removal		20b. PLACE AND C cermetery, cremetor Spart	a Ceme	tery	Marine I	8/3	20c. LOCATION Sparta		
21. SIGNATURE OF FUNERAL	OP 9	marzul	V5-			arrollto	PAC			al Service yland21155
iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYIF CAUSE (Disease or injurthat initiated events	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury					4				Interval Betwee Onset and Deat
PART II. Other algnificer	t conditions co	ntributing to dea	eth but not resul	ting in the u	nderlying	; ceuse given in		WAS AN AUTOF PERFORMED?  YES 2 NO	24 24 24 24 24 24 24 24 24 24 24 24 24 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?  **X**YES 2 \( \text{N} \) NO  27. MANNER OF DEATH	HC	SPITAL:	/Outpatient 3 🗆 D	OTHE	26. PLACE OF DEATH (Check only one)  OTHER:  Nursing Home 5 Residence & XVether (Specify) 3801 CANTERBURY				TERBURY I	
1   Natural 5   1	ending vestigation	28e. DATE OF INJ (Month, Day, V 7 - 30 - 1	bar) FC	35A M	28c. INJ			IBE HOW INJURY		ROM WINDOW
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — A building etc. (Specify)			At home, ferm, street, factory, office ON SIDEWALK		28t, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
		: To the beat of my								s) and menner as stated.
296. SIGNATUSE AND TITLE	U.	Hing	no			O.C.M		29d.	DATE SIGNED	(Modin glas year)
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AUG 0 2 19	93	12. REGISTRAN'S	SIGNATURE							



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in control in		Annual and
	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	as the second of the second and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	MENT OF HI	EALTH AND I	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)	BUTBho	OlzBuchholz			2. DATE OF DEATH	Ar- 25 - 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER Q1907 9834	5. SEX 6. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-17-1		BIRTHPLACE (State or Foreign Country)		
FOR	90. FACILITY NAME (If not institution, give str	eet and number) CH- Key M	pd(+r	BC11	LOCATION OF DE	ATH O	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland na	à .	10c. CITY, T	OWN OR LOCATION Balti	710			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1046 Old North	Point Rd		10f.	ZIP CODE	2.4	10g. CITIZEN	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spec	NDENT OF HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No — 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BU	SINESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maider	Sumame)			
10	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING AD	ORESS (Street are	d Number or Rural R	loute Number, City or Tox	vn, State, Zip Co	de)		
	20e. METHOD OF DISPOSITION 1	state rem	PLACE AND DATE OF O tery, crematory or other OVaI	place)			OCATION — City			
	21 MEMATURE OF FUNERAL SERVICE LICE	ree_	ade,Dir	655 V	V. Balt	imoreSt,	Balto	omy Board ,MD 21201		
	23. PART I. Enter the diseases, or conshock, or heart failure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	heart	-bluck	enter tha mod	e of dying, such	as cardiac or resp	elratory arrest	Approximate interval Batween Onset and Daath		
NOIL	Sequentially list conditions, if any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
AL.	PART II. Other aignificant conditions	contributing to death bu	t not resulting in ti	ha underlying	cause given in I	Part I. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 YES	d no	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN		HOSPITAL:		THER:	CE OF DEATH (Che					
	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUI WORI	RY AT K?	Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED		
2 Accident Investigation   M 1 YES 2 NO   3 Suicide   8 Could not be determined   280. PLACE OF INJURY — At home, term, street, factory, office   281.   4 Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide						28f. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of my knowles: On the bests of examination	dge, death occurred at	the time, date en	nd place, end due t	to the cause(e) end me ime, date end place, e	nner ee stated.	suse(e) end manner ee stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	mp	Kung	m	D390			GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Plin	med (	Ctr	Batto	mr			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  AUG-02 1993  Julia Finish Finish									



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	FUNERA	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DR BECK

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Len

32. PEGISTRAR'S SIGNATURE

600 MEMORIAL AVE, CUMBERLAND

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TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

permit.

93 22250 ITEM: 10e, PER STATE ANATOMY BOARD FILM G-706 12/22/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Margaret Fleming Boyd 1993 PASY JULY 26 MARGARET BOYD 12:00A m 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS YRS. 228 54 3365 84 12-24-08 Penna 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital CUMBERLAND MD ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany County Cumberland 1 TYES 2 NO FUNERAL 100. STREET AND NUMBER ALLEGANY COUNTY NURSING HOME 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? WashingtonCountyNurs Home 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Bleck, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White no COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Education 12 +4+ Teacher / Art 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Herbert Fleming Sr Josephine Lytle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 12707 Martha Cramer SW, Cumberland, MD21502 Lewis Hgts Dr 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) MANUEL OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD 21201 ART I. Enter the diseases, or complications that caused the det shock, or hasnt fellure. List only one cause on each line. 23. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats Interval Between MEDIATE CAUSE (Fine) Onset and Death iseese or condition sulting in death) DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentially list conditions, SEQUENCE OF) DUE TO (OR AS A CO if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEDI AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 XNO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 Natural BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) COMPLETED 8 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide datermined 29e. CERTIFIER (Check only one)

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MEDICAL EXAMPLE: A MARCING At the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parent parent paner 1.2
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF HEA	ALTH AND EATH	MENTAL HYGIEN REG. NO			
		ATTS				2. DATE OF DEATH DO 2	"g 9	3. TIME OF	DEATH
	240368984  90. FACILITY NAME (If not Institution, give o	1 DM 2 F 6	yrs. lest birthday) YRS.		DURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-25	BIRTHPLACE (Stell Country)	e or Foreign
DIRECTOR	ST ALWES IL	ospital .		AND CITY, TOWN ON E	BA /TO	EATH .		of DEATH.	20
	10e. STATE 10b. COUNTY  10e. STREET AND NUMBER	alto	10c. CIT	Y, TOWN OR LOCATION	P CODE		Last	10d. INSID LIMIT: 1 YES	2 NO
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TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  5/00/Frederest Name  5/00/Frederest Name  196. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  5/00/Frederest Name  196. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  197. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  198. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2 /229  199. MAILING ADDRESS (Street end Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Number or Rurel Route Nu							3	
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	23. PART i. Entar tha diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on eac	ch Ilna.	not enter the mode	of dying, suc	ch as cardiac or respi	iratory arrest	Intar	roximate val Between et and Death
FICATION	Sequentially list conditions, If any, leading to immediate  b. Deeb Venous Thompons  Due To (or as a consequence of):								
CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition Diebetes Mell Porthered Anemia		now OPE			AUTOPSY MED?	24b. WERE AUTO AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO N OF CAUSE	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpetient 2 ER/Outpet	lent 3 🗆 DOA	28. PLACE OTHER: 4 \( \text{Nursing Home} \) 5	OF OEATH (Ch				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		E OF URY 28c. INJURY WORK? 1 YES	AT	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be determined	building, stc. (Specify	28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)  28t. LOCATION (Street an City or Town, State)					Rural Route Number	
COMPLETED	29e. CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner se stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	KANTIE , M	ven M	29	c. LICENSE NUI	Δ	29d. OATE SI	GNEO (Month, Day,	Year) 20

29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated 29d. OATE SIGNEO (Month, Day, Year)

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290. SIGNATURE AND TITLE OF CERTIFIER

NOTOMBO KANKONDO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITML ACNES

31. DATE FILED (Month, Day, Year) AUG 0 2 1993

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ges 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

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	ANATO	MY BOARD G-7	02 8/2/	93 t.t/r.	• W	Q	3 22252		
	1 - STATE REGISTRAR	STATE OF MARYLAN				ENE	3 22232		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			NOER 1 YEAR IF UNDER 2	4 HRS. 7. DATE OF BIRTH	5 9	BIRTHPLACE (State or Foreign		
	566-40-4443		2 YRS. MONT		MIN. (Month, Day, Year	30	Country)		
TOR	9a. FACILITY NAME (If not institution, give s		_	CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	CALIFORNIA OF DEATH,		
	7615 FOUNTAINBLEY DRIVE WEW CARROLLION PRINCE GEORGE'S								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	10e. STREET AND NUMBER	TREET AND NUMBER  101. ZIP CODE  100. CITIZET  101. ZIP CODE  100. CITIZET  101. ZIP CODE							
FUNERAL	7615 FOUNTAN	NRIEU DRIVI	に世ュル	9		U S A	N OF WHAT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	. ARMED	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify	Yea or No- 14	. RACE — American Indian,		
BYF	Never Married 2   Married   FORCES? 1   YES 2   NO   IF YES, GIVE WAR OR OATES			If yes, specify Cuban, Maxican, Puerto Rican, stc.)  1 ☐ YES 2 ☐ NO Specify:  Specify:					
60	15. DECEDENT'S EDU	ICATION J. J.	. DECEDENT'S USUA				104176		
E	(Specify only highest grade	completed)	(Give kind of work di life. Do NOT use retin	one during most of working	16b. KIND OF	BUSINESS/INDUS	TRY		
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COMPLET	17. FATHER'S NAME (First, Middle, Last)		, , , , , ,		R'S NAME (First, Middle, Mak		IV		
BE	EVERETT BLANCH	I A R D		мА	RY ASCOTT				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AODS	RESS (Street and Number of	r Rural Route Number, City or	Town, State, Zip Co	rde)		
-	DME JOHN BLANC	HARD	P.O. E	30 X 5595	SAN MATEO.	CALIF	94402		
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	immediate cause (Fine)	Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
CER	d								
MEDICAL	PERFORMED?  1 TYES 2 NO OF I						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN	EXAMINER?	28. PLACE OF OEATH (Check only one)  1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5, Residence 6   Other (Specify)							
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M  28c. INJURY AT WORK? 1   YES 2   NO  28e. PLACE OF INJURY — At home, Ierm, street, factory, office			28d. DESCRIBE HO	28d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				26f. LOCATION (Stre	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
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O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	A	Meetic	1	SE NUMBER		GNED (Month, Day, Year)		

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		1. DECEDENT'S NAME (First, Middle, Last)	- C 1.	DONTH	2.0	ATE OF DEATH	3. TIME OF DEATH
	3	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs.		- 4	ATE OF BIRTH  prith, Qoy, Year)	BIRTHPLACE (State or Foreign
pinous		219 28 9951 9a. FACILITY NAME (If not institution, give st	1 X 2 F 5 9	YRS. MONTHS DAYS	OR LOCATION OF DEATH	27 1934	Manylass of DEATH
ຕິ	TOR	REMORALE OF DECEDENT	y Hospi	tal dai	time	at -	OF DEATH
Pages 1,	DIRECTOR	10s. STATE 10s. COUNTY	1	10c CITY, TOWN ON LOCA	TION	1	16d. INSIDE CITY LIMITS?
ermit.	AF	10s. STREET AND NUMBER	. / =	UHIUI	I. ZIP CODE	10g. CITIZE	1 YES 2 □ NO N OF WHAT COUNTRY?
(VA	FUNER	1396 JUL	12. WAS DECEDENT EVER IN U.S.	Drive	3300+	- 4	A.a.
	BY FL	Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 YES .2 IF YES, GIVE WAR OR DATES	NO If yes, sp	ecify Cotien, Mesican, Pue 2 NO Specify:		RACE — American Indian, Black, White, etc.
21215 al or attend for use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION 15a. completed)	DECEDENT'S USUAL OCCUPATION And of work done during me	DN out of working	166. KIND OF BUSINESS/INDUS	THE CE
AND 2. The hospital of	로	Elementary (0-12)	College (1-8 or 5+)	ntertae	res		
ARYLAND alned by the hospitz should be detached	1	17. FATHER'S HAME (First, Michille, Leat)	4. Bost	a)	18. MOTHER'S NAME S	YLVIAmeme)	Potreso
MARYLAND 21215  retained by the hospital or attend 5 should be detached for use as	TO BE	10a. INFORMANT HAME SYLVIA	Bila	196. MAILING ADDRESS STORY	and Humber or Juni Jisute A	Aumbiec Cityyar Rown, Situisi, ZelfiCo	W 136
AE,	1 1	20- METHOD OF INSPOSITION  Surfat 2 Cremation 3 - Remo	Chaper 20494	CEAND DATE OF DISPOSITION IN	ingla	THE NO. LOCATION + CH	y or Town, State
TIMORE,  . Page 6 may but and director, page		4 Donation Dother (Specify)	ZH.	cremetery or other place	TOM 8	14/93 The	ensuest
AL death func		· an All	les Dr	1. Cha	eles	Clevers	Fill we
		23. PART i. Enter the diseases, or cahock, or heart failure. L	omplications that caused the list only one cause on each i	death. Do not enter the mo	de of dying, auch as o	ardiac or respiratory arres	t, Approximata interval Between
n 24 hy fille attion.		iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Pulnudan	( bolin			Onset and Death
D 0 - 0			DUE TO (OR AS A COM	SEQUENCE OF):	ì		
	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUÉ TO (OR AS A CON				
55, P.O. BOX he death certificate be to the attending physician Mental Hygiene prior to itury, or other traum		CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):			
the death certify the attending of Memal Hygiel	빙	PART II. Other aignificant conditions	contributing to death but no	e manifes in the modernia	and almost in Dark i		1
2 1 2 P	일	Chair ATrais)	Fibrilitio		g cause givan in Part i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL RECOF ne law requires that has been signed to Dept, of Health a	I: MED	Morbil Ose	yity				OF DEATH?
F 5 5 5 5	N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL	ACE OF DEATH (Check only	r one)	
11 2 8 = .		1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 26a. DATE OF INJURY	3 DOA 4 Nursing Hom 28b. TIME OF 28c. INJ	e 5 Residence 6 0	ther (Specify) DESCRIBE HOW INJURY OCCUP	RED
ON ON OING PHYS After this death with smarked.		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 1	RK? /ES 2 NO		
TTEN TOR: after	<b>E</b>	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)	home, tarm, street, tactory, offic	281, L	OCATION (Street and Number or lity or Town, State)	Rurel Route Number,
3 4 K =	151	29s. CERTIFIER (Check only (check only (check only (check) 2  MEDICAL EXAMINES	IAN: To the best of my knowledge,	death occurred at the time, data	and place, and due to the	cause(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 1 MPORTANT: If I	8	296. SIGNATURE AND TITLE OF CERTIFIER	on the seals of examination and	or investigation, in my opinion, a	eath occured at the time, d		ause(a) and manner as stated.  IGNED (Month, Day, Year)
TO THE DE SIGH	TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (II	VESS OT Characters		•	
O.		20	e (RUANT: M	SULVA CO			
		31. DATE FILED (Month. Day, Year)	32. REGISTRAR'S SIGNATURE				

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BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran certificate has been signed by the attending physician and completely filled in by HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremati MINIT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, t TO THE HOSPITY
TO THE FUNERA
DE filed within 7
IMPORTANT: 1

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31. DATE FILED (Month, Day, Year)

2 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

o E	shock, of fleart fellure.	List only one cause on each line.
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Metastatic
of Heath and Mental Hydrene prior to burial, cremation, shows any Injury, or other traumatic event, the : MEDICAL CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions are sufficient to the conditions are sufficient to the conditions are sufficient to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF
or item 23 YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 XNO  27. MANNER OF DEATH	HOSPITAL:    Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital   Pospital
P. Sed	4 Minute of Decision	(Month, Day, Year) IN

32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 113 Edith M. Blakemore 7 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Ybar) 1 - 7 - 1926 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-10-8488 1 M 2 X F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Scott Key Medical Center Baltimore City 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 TYES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 6703 Bessemer Avenue United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 🗶 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Tin Mill 6th Grade Bethlehem Steel Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick Wagner BE Madeline Evans 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David Blakemore Maryland 21222 1729 Brookview Road Dundalk 20e, METHOD OF DISPOSITION

| N Buriel 2 | Cremption 3 | Removal from State
4 | Donation 5 | Other (Specify)

21. SIGNATURE | TUBERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 7/31/1993 Baltimore, Maryland Oak Lawn Cemetery 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 00 7922 Wise Ave. Dundalk, Maryland 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death mocev in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: me 5 - Realdence 6 - Other (Specily) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Collins no Cryptal 930006 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRYSTAL COLLINS FSK MO

DHMH-16 Rev 1/89

NAME OF THE PARTY OF

1	-	FOR STATE REGISTRAR
T.	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
	rances May	Brooks			2. DATE OF DEATH	93	3. TIME OF DEATH
	1 M 2 F	95 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 5-23-98	Ma	rley, Md.
1931 Northeast Ave			b. CITY, TOWN	OR LOCATION OF E	DEATH	sc. COUNTY OF	imore.
Maryland Hal	ethorpe	10c. CITY, 1	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1931 Northeast Ave				21227		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	2 V NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	Bio	CE — American Indian, lick, White, etc.  Black
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION Empleted) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina m	ION ost of working	16b. KINO OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		<u> </u>	iles e i e	18. MOTHER'S N.	AME (First, Middle, Maiden	Sumame)	
Richard D  190. INFORMANT'S NAME (Type/Print)	otson	10h MAII INC AS			UnKnown  Route Number, City or Tow		
Mary L. A	nderson	ISO. MAILING AL			od Rd. Ba		Md. 2122 <b>7</b>
20e. METHOD OF DISPOSITION Burlet 2 Cremetion 3 Remov	al from Stata 2	b. PLACE AND OATE OF I	DISPOSITION //	eme of		CATION - City or	Town State
21. SIGNATURE OF PUBLISHER SERVICE LICEN	1960 )	AT DU CU:	22. NAME A	ND ADDRESS OF F	war William	C. Brown	n Community . Balto. Md.
ehock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.	OUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	ev (	ANCER MARY	,		Interval Between Onset and Death
PART II. Other significent conditione	contributing to death	but not resulting in the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the supply of the suppl	Bla who	Carry	PERFOR	MED?	ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C)	6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUREO	
3 Suicide 6 Could not be 4 Homicide determined	26a, PLACE OF INJUF building, etc. (So	Y — At home, farm, streetly)	et, factory, offi	20	26f. LOCATION (Street & City or Town, State)	and Number or Rural	Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my kno						(a) end manner as stated.
290. BIGHATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHISE OF C	FATH (ITEM 27 /2002 20	ent)	29c. LICENSE NU	MBER 2	29d. DATE SIGNE	0 (Month, Day, Year) 30-93
Joseph A. N.	Kwanyuo	821 N		aw St.	Surte 300	Balt	! MD21201
AUG 0 2 1993 gr	32. REGISTRAR'S SIG	NATURE					

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	fter death. Page 6 may be retained by the hospital or attending physician.

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit.	h the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
: The law requires that the death certificate	cate has been signed by the attending phys	state Dept. of Health and Mental Hygiene pi	Item 23 shows any Injury, or other I
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the S	IMPORTANT: if item 28 is marked, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR		CERTIFI	CATE O	DEATH	IVIL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH	, 31	YEAR 93	3. TIME OF DEATH 9.50Am
9	251-24-9177 10M	Elise Brown  A AGE do yrs. Not bendry   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder 1 year   Fueder								
TOR	9a. FACILITY NAME (If pot institution, give street and in Harford Memoria RESIDENCE OF DECEDENT	al Hospi	tal				ce	100000	-	
DIRECTOR	10e. STATE 10b. COUNTY	laven -	10c. CITY	, TOWN OR LOC		Hav	7en			LIMITS?
FUNERAL	100. STREET AND NUMBER 123 Spring St	reet		1		651 <u>9</u>	)	10g. CIT		
B	1 Never Married 2 Married FOR	CES? 1 YES 2		if yes, i	pecify Cuben, Mex	Ican, Pu		or No-	Black,	White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12)  12  College	)	(Give kind of w life. Do NOT use	ork done during n e retired.)	ION lost of working					
BE CON	17. FATHER'S NAME (First, Middle, Last) Harmo	on McFadden			18. MOTHER'S					
TO B	19a. INFORMANT'S NAME (Type/Print) Anna Wright									06519
	20e. METHOD OF DISPOSITION 1 Striel 2 □ Cremation 3 □ Removal from 4 □ Donation 5 □ Other (Specify)	State 20b.PLAC	E AND DATEO	F DISPOSITION //	lame of	- 1011	DATE 20c. LOC	ATION —	City or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	well-					Marzull			
	23. PART I. Entar the diseases, or compilca	light that caused tha	death. Do no	ot anter tha m	ode of dying, s	uch as	cardiac or reapir	atory ar	rest.	
	shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition reaulting in death)	One cause on each I	me					,		Interval Batween
NOI	Sequentially list conditions,	COTONO	wwx	arte	ry o	li	Slasl			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONT	SEQUENCE OF	k	~			BRITH DAY A SAN AUTOPSY PERFORMED?  DEATH DAY A SAN AUTOPSY PERFORMED?  DEATH DAY A SAN AUTOPSY PERFORMED?  DEATH DAY BLACK  DAY BRITHPLACE (State or Foreign Country)  SOUTH CAROLINA  B. BIRTHPLACE (State or Foreign Country)  SOUTH CAROLINA  10d. INSIDE CITY LIMITS?  1		
CER	_ d				2. DATE OF DEATH DAY 1963  2. DATE OF DEATH DAY 1963  3. TIME OF DEATH 9. 5 CONTROL 1963  3. TIME OF DEATH 9. 5 CONTROL 2 CHIRD. 1974  3. TIME OF DEATH 9. 5 CONTROL 2 CHIRD. 1974  3. TIME OF DEATH 9. 5 CONTROL 2 CHIRD. 1974  3. TIME OF DEATH 9. 5 CHIRD. 2 CHIRD. 2 CHIRD. 2 CHIRD. 2 CHIRD. 2 CHIRD. 2 CHIRD. 2 CHIRD. 3 CHIRD. 2 CHIRD. 3 CHIRD. 2 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3 CHIRD. 3					
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PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ouavell	21		LACE OF OEATH	Check o	nly one)			
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ВУ РН	27. MANNER OF DEATH 28s  Netural 5 Pending Investigation	. DATE OF INJURY (Month, Day, Year)	INJURY WORK?					CURED		
	3 Suicide 8 Could not be determined								oute Number,	
COMPLETED										and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	(Eun)	40		29c. LICENSE N	UMBER	64	29d. OAT	E SIGNEO	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AT THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	TEO CAUSE OF DEATH (IT	TEM 27) (Type, 1	Print) Scul	2#5	A	bude	eu	M	0
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FOR

## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Midglie, Last) RUTH			2. E	PATE OF DEATH ONTH	[7]	9 ⁷⁵ 3 3	TIME OF DEATH		
	E70 06 4556 10 H 2 D 5	THE MARKET THE ACTION OF LOCATION  THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKET THE MARKE								
	9a. FACILITY NAME (If not institution, give street and number)		WAL OR LOCATION O	N	ov. 12,1	901	Rus	sia		
FUNERAL DIRECTOR	Hebrew Home of Greater Washington			P DEATH						
3EC	10a. STATE 10b. COUNTY 10c.	CITY, TOWN OR	LOCATION				1	Od. INSIDE CITY		
0	Maryland Montgomery	Rocky	ille				- 1			
100. STREET AND NUMBER 101. ZIP CODE								Λ		
EH	6121 Montrose Rd., 20852									
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WA	DECENDENT OF HIS	SPANIC OF	RIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,		
BY	1 Never Married 2 Married  \$\frac{1}{2} \text{ Widowed 4 } \text{ Divorced} \text{ Divorced} \text{ FYES, GIVE WAR OR DATES}	EFFER ADMOSE LAST  PROBLEM  S. SEC.  1								
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Che bird	T'S USUAL OCC	IPATION		18b. KIND OF BU	SINESS/INI		ablai		
91	Elementary/Secondary (0-12) College (1-4 or 5 +) Ille. Do NO	T use retired.)	ng most or working	-						
P	12 Admini	strativ	e Clerk		US Gov	ærnm	ent			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			S NAME (F						
B	Nathan Turkenitch		Sara	ah A	uerbach					
2		ING ADDRESS (S				n, State, Zij	p Code)			
-	045	Loxford	l Terrace	S	ilver Sc	rina	. Md.	20901		
	200. PLACE AND DA	TE OF DISPOSITION	Name of		DATE 20c. LO	CATION -	City or Town	n, Stata		
	4 Donation 5 □ Other (Specify) Mt. Leba					delp	hi. M	d.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				1	_				
	Unavo	11/								
	23. PART I Enter the diseases, or complications that caused the death. D	o not enter th	mode of dying,	such as	cardiac or respi	zu46	rest.	Approximate		
	snock, or haart failure. List only one cause on each line.					Marke Gr		interval Between		
	DUE TO (OR AS A CONSEQUENCE	OF):	L LUIIII	4				INTIN / //		
z	Nathan Turkenish Make (First, Middle, Maldon Sumame)  Nathan Turkenitch  198. Mather's Name (First, Middle, Maldon Sumame)  Sarah Auerbach  198. Mather's Name (First, Middle, Maldon Sumame)  Sarah Auerbach  198. Mather's Name (First, Middle, Maldon Sumame)  Sarah Auerbach  198. Mather's Name (First, Middle, Maldon Sumame)  845 Loxford Terrace Silver Spring, Md. 20901  208. METHOO of Disposition  1									
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발	that minated events	OF):								
20a. METHOD OF DISPOSITION   1										
Ş	ANEMIA						0	OMPLETION OF CAUSE		
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M	CV 44444CDA		26. PLACE OF DEATH	(Check on	ly one)					
Sign	EXAMINER? HOSPITAL: OTHER:									
호		TIME OF 28	c. INJURY AT	_		NJURY OC	CURED			
BY	P Netural 5 Pending									
	3 Suicide 28s. PLACE OF INJURY — Al home, ferr	m, street, factory	office			ind Number	r or Runal Rou	te Number,		
	4 Homicide determined				City or lown, State)					
COMPLETED	29e. CERTIFIER (Check only Check only Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence of the Lawrence	urred at the time	date and place, and	due to the	cause(e) and med	mer es stel	ted			
N N								nd manner as stated,		
BE		7N	210	084	[	▶ 7	12719	3		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	ione Printi	- 10	- 0	0		1 1			
	D.D. PATEL, M.D. 6121 1	MONT	ROSE R	20,1	COCKUI	LLE	MD:	20852		
	31. DATE FILED (Month, Day, Year) AUG 0 2 1993									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
_	THE PARTY REPORTED THE PARTY THE PARTY WAS ALSO BEEN ASSESSED.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 205 AM Paul Parker Burdon, Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 014 - 22 - 0472X M 2 □ F 1207 63 Rhode Island director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston General Hospital DIRECTOR Fallston Harford RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford Fallston 1 YES 2 NO FUNERAL 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 1309 Oldy Fallston Road 21047 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 N Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co College (1-4 or 5+) COllege Elementary/Secondary (0-12) 12 Artist Art 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
Dorothy Schaninger Paul Parker notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Rachel Scott 30 Office St., BelAir, Md. 21040 eq 20s. METHOD OF DISPOSITION
1 □ Buriel 2/□XCremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Mount Crematory 93 Balto.,Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY n by the funeral d removal. Bradley-Ashton Funeral Home Inc. 2134 WIllow SPring Rd.Balto.,Md.21222 Hally MO0550 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. filled in by t Approximate Interval Betwe 6 Onset and Death IMMEDIATE CAUSE (Final completely filled irial, cremation, o the disease or condition 'ardience event, resulting in death) OUE TO (DR AS A CONSEQUENCE OF): and com DUE TO (OR AS A GONSEQUENCE OF): with CERTIFICATION traumatic Sequentially list conditions, prior to l if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury attending physician ntal Hygiene prior to other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 5 e Dept. of Health and Mental F m 23 shows any Injury, or signed by the atter Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) State this certificate HOSPITAL:
1 Vinpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO e 5 🗆 Residence 6 🗀 Other (Specify) 4 🗆 Nu the 6 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, WITH 1 Natural 5 Pending Investigation 1 YES 2 NO BY DIRECTOR: After I hours after death death 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be 4 Homicide 28 Hem 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. OR TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mojeth, Day, Year) D34409 Ama MO 412493 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1990 Print) 10 mo



AUG 02 1993

Julia Davidson Andelle

Mandell.

CALLING WILL SOLL

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FOR

## ITEMS: 6.7. & 18. PER f.H. G-702 8/10/93 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				OF DEATH	MENT	REG. NO					
1. DECEDENT'S NAME (First, Middle, La	st)					OF DEATH	AY	YEAR		E OF DEATH	
GEORGE			CAUT		07		199		2:		A
4. SOCIAL SECURITY NUMBER 238-22-2349	5. SEX 8. /	AGE (In yrs. lest birthde	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. 12	14/25	3-	6. BIRTH	PLACE (	(State or Fore	ign
9a. FACILITY NAME (If not institution, gi	RNE AVE.			TIMORE CI			9c. COUN	TY OF D	EATH		
RESIDENCE OF DECEDENT  10a. STATE  10b. COU  M. D.			CITY, TOWN DE	LOCATION City					LJI	ISIDE CITY MITS? /ES 2   N	
10e. STREET AND NUMBER				101. ZIP CODE 21213	Cit	7	10g. CITIZ	S. P	WHAT CO		
1332 N T.IIZ.CT  11. MARITAL STATUS  1 Nover Married 22 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VER IN U.S. ARMED VES 2 NO OR DATES	H.	AS DECENDENT OF HISP, yes, specify Cuban, Maxis	can, Puerto		14. RACI Blaci	RACE — American Indian, Black, White, atc. Specify: Black			
15. DECEDENT'S E (Specify only highest gi		16a. DECEDEN	T'S USUAL OCI	CUPATION uring most of working	16b	KIND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)			tty OFC.		U.S.	NAVY	7			
17. FATHER'S NAME (First, Middle, Last) Barnes Cauth				18. MOTHER'S N			sumame)	ithe	en		
19a. INFORMANT'S NAME (Type/Print)				(Street and Number or Rura							
Rosalee Caut	hen			Luzerne	Ave.	_					
20e. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 F  4 Donation 5 Other (Specify)	emoval from State	cemetery, crematory (	ACEANDDATEOF DISPOSITION (Name of pare 20c. LOCATION — City of completely properties of the place)  LYPISON FOREST CEM. 8/5/93 Balto								
21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Sequentially list conditions, If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST											
	d to dea	ath but not reaultin	ting in the underlying cause given in Part 1.  24a. WAS AN PERFORI 1 YES 2				RMED? AVAILABLE P		BLE PRIOR TO ETION DF CA TH?	USE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (Check only one)								
1X YES 2 □ ND	HOSPITAL: 1   Inpetient 2   ER	VOutpatient 3 DO/	OTHER 4 - Nursi	: ng Home 5 Residence	6 🗆 Othe	r (Specify)					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	URY (58b.	TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DES	CRIBE HOW	INJURY OCC	UREO				
3 Suicide 8 Could not 4 Homicide determined	be 28s. PLACE OF IN	IJURY Al home, fan (Specify)	Y Al home, farm, street, factory, office 281, LO				I. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	IVSICIAN: To the best of my								a) and mi	anner as ata	ted.
296. SIGNATURE AND TITLE OF CERTIF	Hing My	0		29c. LICENSE NI							
THEODORE V	1. KING	111 Peni		eet, Balt	imor	e, Ma	aryla	nd	21	1201	
AUG 0 2 1993	32. REGISTRAR'S	SIGNATURE			- C	-1					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



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FOR STATE REGISTRAR	STATE OF MARYI		TMENT OF			HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las	2	2. DATE OF	DEATH 07/30	)/9,3 _{AR}	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	EDEC				'	7 50	93	6-25 A		
		(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign ry)		
G ₀₉₉ -01-7274	1 🗆 M 2 💢 F	9Z YRS.		100	1	29/1901		achusetts		
	9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  University of Maryland Hospital Baltimore City  RESIDENCE OF DECEMENT  9c. COUNTY OF DEATH									
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?		
	1Himore Ci	ry Bo	altimo					1 XYES 2 NO		
	street		10	21231	0	10g. (	CITIZEN OF V US	VHAT COUNTRY?		
11. MARITAL STATUS  1 XNever Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (	Specify Yes or No-	- 14. RACE	- American Indian, k, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Spec		,,	Speci	ffy:		
	NIGOTION .							White		
(Specify only highest gra-	de completed)	18a. DECEDENT'S (Give kind of v life. Do NOT us	vork done durina m	ON ost of working	16b, K	NO OF BUSINESS	INDUSTRY			
15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		•				_			
17. FATHER'S NAME (First, Middle, Last)		Interi	or Dec					sign Firm		
				18. MOTHER'S N		die, Maiden Surnam	•			
Phillip  19a. INFORMANT'S NAME (Type/Print)	Carp				Sara		aelma	an		
				and Number or Rura						
Toni Hayes Br		307	Scott	Street	<u>Balt</u>	imore,				
20e. METHOD OF DISPOSITION  1	moval from State	b. PLACE AND DATE Of metery, cremetory or of etro cr	of disposition (No ther place) emator	y,Inc.	7/30	20c. LOCATION Balt		wn, State		
21. SIGNATURE OF FUNERAL SERVICE I					ACILITYCICA			y of Md.,Ir		
George E.			mr-	ch 7.1	2 299	Frederi	ck Rd	Balto,MD2		
23. PART i. Enter the diseases, or shock, or heert fellure iMMEDIATE CAUSE (Finei disease or condition resulting in death)	s. Seption one couse on one service on one of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the s	eech line.		or dynig, su	cir as ceruis	or respiratory	<u>arrest,</u>	Approximata Interval Between Onset and Death		
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART ii. Other significent condition		out not resulting i	n the underlyin	g ceuse given ir	Part i. 24	a. WAS AN AUTOPS PERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS		
Dehydrute	ia				1	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Dehydrute	0~						- 1	1 TYES 2 NO		
never	tice									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (C	heck only one)					
1 Tes 2 NO	HOSPITAL: 1 inpatient 2 ER/Out	patient 3 DOA	OTHER:	e 5 🗆 Residence	e C Other /S	naciful				
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME				IBE HOW INJURY	OCCURED			
1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK?			SOCONES			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF IN HIER	f — At home, term, a			281. LOCATIO	ON (Street and Num own, State)	ber or Rural R	loute Number,		
29a. CERTIFIER (Check only CERTIFYING PHY)	SICIAN: To the best of my know	rledge, death occurre	d at the Jime, date	and place, and du	to the cause(	a) and manner as	ntated.			
2 MEDICAL EXAMIN	IER: On the basis of examination	n and/or investigation	n, in my opinion, c	eath occured at the	time, data and	d place, and due to	the cause(a)	and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)		
Kernett & Koshman	MID			Unist Hidology	Jat	•	7/2	30/92		
30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type,				0, 1	A 44	or 4221201		
Requeta-b K	OCHMOWN SIGN	OLTJ. FO	ica U.	IV UT INU	Touchy	suctice k	Bultur	or 4021201		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93
CERTIFICATE OF DEATH
REG. NO. 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) COLEMAN 993 LUCEAL NMI 0005 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (Sta 26-Sept. 14 1 - M 2 F 96 YAS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR eisetu RESIDENCE OF DECEDENT. 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY d m 1 VES 2 NO 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 40 21216 S. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 PAO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, stc. BALTIMORE, MARYLAND 21215-0020 1 Newer Married 2 Marrie Il yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY red 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Por Elementary/Secondary (0-12) College (1-4 or 5+) UNK the funeral director, page 5 should be detached Horker notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 216 BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Au es 21216 Pe 20g. METHOD OF DISPOSITION
1 Department of Disposition | 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata examiner must +USMen 8-2-3 4 Donation 5 Other (Specify) Dil 21. SIGNATURE OF FUNERAL SERVICE LICENSEE · Wm. C. 300 WabAsle March It WES removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, filled in by t Approximate shock, or heart failure. List only one cause on each line 10 Intarval Between Onset and Death IMMEDIATE CAUSE (Final THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, traumatic event, the disease or condition 20 Acidosis resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): other t that initiated events resulting in death) LAST 0 any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 | YES 2 1 NO 23 shows rail 1 YES 2 10 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Pinpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — Al homa, larm, streel, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be Item 28 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: IL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29 2 % 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22 S. Greene St. Baltimore vonne enner LUMMS 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AUG 0 2 1993

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	Pages 1	
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sician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	
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r requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physic	pietely	of Health and Mental Hygiene prior to burial, cremation, or remova
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			2. DATE OF DEATH DO	3. TIME OF DEATH				
	BENJAMIN		CHAPMAN			07 25	1993	
	4. SOCIAL SECURITY NUMBER		057	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0. (	BIRTHPLACE (State or Foreign Country)
	ZIT-IOT-BULL	1 M 2 D F	J YRS.			1-10-5		BALTIMORE
ı	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OF		EATH	9c. COUNTY	OF DEATH
	MARYLAND SHOCK	<u>C TRAUMA</u>		BALTIN	MORE			
	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATIO	DN			10d. INSIDE CITY LIMITS?
	MARYLANDI		B/B	HLTIM	DRE			1 YES 2 NO
ı	10e. STREET AND NUMBER		Stiment	10f.	ZIP CODE		10g CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVE	Gree	I to who open	2121	HC ORIGIN? (Specify Yes	Whit	ed simes
ONE	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, spec	city Cuban, Maxica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
	3 Wildowed 4 Divorced			/	i docum			BLACK
	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo	ISUAL OCCUPATION ork done during most retired.)	of working	16b, KIND OF BU	SINESS/INDUST	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. Do NOT use	retired.)	NEN			
1	17. FATHER'S NAME (First, Middle, Last)		1 VIV	IVITLE	16. MOTHER'S NA	ME (First, Middle, Maiden	Sumamel	
THOO H					Dor	56 0		INON
	19a. INFORMANT'S NAME (Type/Print)	1	196. MAILING A	ADDRESS (Street and	d Number or Rural	Route Number City or Tow		
2	Cynthia	Thomas	1908	Barcia	y Stre	et/BAL	TIMORE	E, MD 2/2/8
	20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ran		20b. PLACE AND DATE OF cemetry or other		<del>leb</del> 1	OATE 20c. LO	CATION City	or Town, State
ı	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		VOSHELL	-MEM	-	8-3 3	ALTIN	NORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND	ADDRESS OF FA	CILITY	4.	IN FAMO
	Trace	101	From	thm.	(C, V	MARCH	+,1	AVENUE
FICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated exacts.	c	AS A CONSEQUENCE OF)					
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A	AS A CONSEQUENCE OF):	:	cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	cDUE TO (OR A	AS A CONSEQUENCE OF):	:	cause given in	Part I. 24e. WAS AN PERFO!	RMED?	AMAILABLE PRIOR TO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	cDUE TO (OR A	AS A CONSEQUENCE OF):	: the underlying		PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	AS A CONSEQUENCE OF):	the underlying  28. PLA  OTHER:	ICE OF DEATH (Ch	PERFOI  1 YES 2  eck only one)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions.	d. DUE TO (OR A	AS A CONSEQUENCE OF): th but not resulting in  Outpatient 3 10 DOA	26. PLA OTHER: 4   Nursing Home OF   28c. INJU	CE OF DEATH (Ch	PERFOI	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR A  d.  Ins contributing to deat  HOSPITAL:    I   Inpatient 2   ERVC    28s. DATE OF INJUI   26s. PLACE OF INJUI	Outpatient 3 5 DOA  RY 28b. TIME INJUIT 1993 6:3	26. PLA OTHER: 4   Nursing Home OF 28c. INJU RY WOR 1   YI reet, factory, office	SCE OF DEATH (Ch 5 Residence RY AT	eck only one)  8 Other (Specify)  28d, DESCRIBE HOW SUBJECT  281, LOCATION (Street	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHYSICIAN: Th	D THE FUNERAL DIRECTOR: After this certificate of filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYLAND / OEPARTM	ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.	22200
1. DECEDENT'S NAME (First, Middle, Last) MIONA CARR			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 □ M 2 📈 F 73 YRS. MON		7. DATE OF BIRTH (Morth, Day, Year) 03 - 10 - 20	8. BIRTHPLACE (State or Foreign Country) SOUTH CAROLIN
9a. FACILITY NAME (If not institution, give 1227 URBAN WAY RESIDENCE OF DECEMENT		Baltimore ci		DUNTY OF DEATH
100. STATE 10b. COUNTY	100.011,10	BALTIMORE CI	ΤΥ	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1.227 URBAN WAY		10f. ZIP CODE 2 1 2.	24 UN	TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicar 1 YES 2 NO Specify.	, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify: BLACK
18. DECEDENT'S ED (Specify only highest gree (0-12)	UCATION 16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	186. KIND OF BUSINESS/	ASTIC
17. FATHER'S NAME (First, Middle, Last)  VONS  19a. INFORMANT'S NAME (Type/Print)	JAMES	20	ME (First, Middle, Melden Surname	MES
20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DI		notish W	AV MD 21224  — City or Town, Stata
1 Surfat 2 Cremation 3 Ref	- ARRI	22. NAME AND ADDRESS OF FAC		E. NORTH AVE
23. PART I. Enter the diseases, or shock, or heart fellure	complications that ceused the death. Do not a List only one ceuse on each line.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. CARDIAC DUE TO (OR AS A CONSEQUENCE OF):	ARREST		Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ASCYDC  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d. DW .	AF.		
PART II. Other algnificent condition	ene contributing to death but not resulting in the		Part I. 24a, WAS AN AUTOPS PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  10
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEATH (Che	ck only one)	
1 YES 2 NO		THER: Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCUPED
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Dey, Year) INJURY	M 1 YES 2 NO	281, LOCATION (Street and Num	
4 Homicide determined	building, atc. (Specify)		City or Town, State)	
one) —	SICIAN: To the best of my knowledge, death occurred at IER: On the basis of examination and/or investigation, in			
296, SIGNATURE AND TITLE OF CERTIFIE	INDER SINGH STATE		BER 29d. C	The Signed (Month, Day, Year)
30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27) (TIPO: Pro-	1230	THE STATE	
AUG 02 1993	32. REGISTRAR'S SIGNATURE U. 301-08	55-2377		



YEAR

9c. COUNTY OF DEATH

1993

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Maryland

4:40 P

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

5-9-1919

F.

DATE

8/2

28f. LOCATION (Street

H31615

July_

29

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Katherine F. Condon 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 74 1 M 2 KF 212-28-6624 YRS. 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Northwest Hospital Center Randallstown Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE Pikesville Baltimore Maryland permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE funeral director, page 5 should be detached for use as the burial-transit 21208 210 1/2 Church Lane rours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 KNO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5+) Nursing School Nurse 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maider F Samuel P. Howard Edna BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Tow 2 Mr. Frederick P. Howard 210 1/2 Church Lane Pikesville, pe 20e, METHOD OF DISPOSITION
1 Suriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Druid Ridge Cemtery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Di Welm n by the fi 8728 Liberty Road medical 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp filled in by t ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) s completely filled infal, cremation, o the disease or condition resulting in death) candispul event, executed within OUE TO (OR AS A CONSEQUENCE OF): and com ant traumatic Gorley CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING 2 the attending physician Mental Hygiene prior to certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL DIRECTOR: After this certificate has been signed by thours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any It PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2-NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide Hell 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end ma TO THE HOSPITAL O
TO THE FUNERAL DI
Be filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, a

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Grana Day doon - Hande

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND TITLE OF CERTIFIER

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		Bal	.tim	ore						
			1	Dd. INSIDE CITY LIMITS?  YES 2 X NO						
				AT COUNTRY?						
GIN	I? (Specify Yes		S.A							
	Rican, etc.)			- American Indian, White, etc. White						
				wiite						
S	66. KIND OF BUSINESS/INDUSTRY Shepherd Pratt Hospital									
P	Pikesville Conv. Home									
	t, Middle, Malden Surname)									
_	. Fle		4.4							
	ville,	m, State, Zip Co.	120	8						
AT	E 20c. LO	CATION — City	or Town	, State						
/	2 Pik	cesvill	e, 1	MD						
ie	ral Di	rector	s.	Inc.						
ıd	Rand	lal1st	wn,	MD 21133						
arc	diac or reap	iratory arreat	,	Approximate interval Between Onset and Death						
-										
	24a. WAS AN PERFOI 1 YES 2	PMED?	C	THERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO						
01	10)									
-	r (Specify)									
DES	SCRIBE HOW	NJURY OCCUR	EO							
.00	ATION (Street	end Number or	Rural Rou	ite Number,						
Aty	or lown, State,									
cat	use(s) end ma	nner ee stated,								
late	end place, er	nd due to the c	euse(e) e	end manner ea stated.						
				fonth, Day, Year)						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
7	TEN	0H:	ther	
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPAF ERTIF	RTMENT	OF H	IEALTH AND DEATH	MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last) WESLEY	H. Ce		ER				2. DATE MONT	OF DEATH	AY	YEAR 3	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 219 49 4120	5. SEX 6. AGE (1)	In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 3 - 194	1	4000	ACE (State or Foreign
	TOR	99. FACILITY NAME (If not institution, give street and number)  Harbor Hospital  Baltimore  na								Y OF DEA	тн		
	DIRECTOR	10a. STATE 10b. COUNTY				ry, TOWN C			_			- 1	0d. INSIDE CITY LIMITS?
- 1		10a. STREET AND NUMBER				Balt		ZIP CODE	_		10g. CITIZI		YES 2 NO
	FUNERAL	608 Arson Avei	12. WAS DECEDENT EVER IN	IIIS AR	MED	112	WAS DEC	2122		10 00 - 14 M			
l i	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES  IF YES, GIVE WAR OR DA  Yes	2 N			if yes, sp	ecify Cuban, Mexic 2 NO Speci	an, Puerlo	Rican, etc.)	or No-	Black, V Specify:	- American Indian, White, atc.  White
	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(G		USUAL Of work done ( se retired.)		ON st of working	166	. KIND OF BU	SINESS/INDU	STRY	WIIICE
Ca.	COMPL	17. FATHER'S NAME (First, Middle, Last)											
1 2	BE CC							18. MOTHER'S NA					
notiffi	2	19a. INFORMANT'S NAME (Type/Print)		198	o. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Num.	ber, City or Tow	n, State, Zip C	rode)	
must		20a. METHOD OF DISPOSITION 1   Burlai   2   Cremation   3   Removal from State 4   Donation   5   Other (Specify)   1   State  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, cramatory or other place)  Cametary, cramatory or other place)  Cemoval									, State		
ai examin		RonaldWade, Dir State Anatomy Board 655 W. Baltimore St, Balto, MD21201											
or other traumatic event, the medical examiner	1	bease or condition  CIRRHOUS OF LIVER  Onset and Death								Approximata interval Between Onset and Death			
matic eve	ON	Sequentially list conditiona, DUE TO YOU AS A CONSEQUENCE OF											
r other trau	KIIFICALIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
<u>≨</u>   ₹	2	d.											
shows any inj	EDICAL	PART II. Other algnificant conditions	contributing to death bu	it not r	eaulting	in the un	derlying	cause givan in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	All	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
2	Σ								-			1	YES 2 NO
CICIAN.	S A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEATH (Ch	eck only on	ne)			
0 >	2	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	ntient 3	□ DOA	OTHER		5 - Residence	6 🗆 Othe	r (Specify)			
marked, or		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF IURY M	28c. INJI WOI 1   Y		28d. OES	CRIBE HOW II	NJURY OCCU	RED	
28 IS	3	3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY building, etc. (Special	At hor	ne, ferm, s	street, facto	ory, office		261. LOC. City	ATION (Street a or Town, State)	and Number or	Rural Rout	Number,
MPORTANT: If item 2	CMT	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the beat of my knowle On the beats of exemination	edge, des	ith occurre	ed at the ti	me, data pinion, de	and place, and due	to the cau	use(s) and man	ner se stated	cause(a) ar	nd manner as stated.
POR H	u I	296. HOMATURE OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIF	1 000					29c. LICENSE NUI	MBER				onth, Day, Year)
₹ 6	-	SE NAME AND ADDRESS DE PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM	1 27) (Type,	Print)						. ~	
		31. DATE FILED (Month, Day, Year)	32. REGISTAR'S SIGNA	TURE	· R.	44							<del></del>
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or min DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	MONTH DAY YEAR												3. TIME OF DEATH	
	4. SOCIAL SECURITY NUI	MBER "	5. SEX				ER 1 YEAR	E INOS	R 24 HRS.	7. DATE OF BIRTH				PLACE (State or Fore
	219-28-9492		1 M 2 X F			MONTH			MIN.	(Month, Day, Year)		Country)		)
	9a, FACILITY NAME (If not	Institution, give	street and number)			9b, CI	TY, TOW	N OR LOCAT	ION OF D	1	25 5.	33 Virginia		
8	St. Agnes	Hospi	tal		96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City							01 02		
5	RESIDENCE OF DE	10b, COUNT												
DIRECTOR		H2000			10c.	CITY, TOWN								10d. INSIDE CITY LIMITS?
	Mary Land	aryland Howard						tt Ci						1 YES 2 🔀 N
RA	2534 McKe				101. ZIP COD	e 043			1		HAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	N U.S. ARMED	1	1 Was 0		_	NIC ODIO	IN? (Specify Yes		S.A.	- American Indian			
B	1 Never Married 2 3 Widowed 4 S Di		FORCES? IF YES, GIVE	1 YES	2 NO		If yes,		ın, Maxica	n, Puarle	Rican, etc.)	or No-	Black, Specify	While, alc.
		CEDENT'S EDU			16a. DECEDEN	T'S USUAL	OCCUPA e during	TION most of worki	na	10	Sb. KIND OF BU	SINESS/INC	USTRY	
LET	Elamentary/Secondary	College (1-4 or 5	Hege (1-4 or 5+)			1.)								
COMPL	GED			Medic	lical AsstNe			Neurology Howard				dica	l Bldg.	
_	17. FATHER'S NAME (First,		18. MOTHER'S NAME (First, Middle, Maiden Surname)											
ᇤ	Vincent W	-6				rrie		RNER						
ᄋᆘ	- 1921-1-10	. ,,									mber, City or Tow			201
	Michael Randolph 32 North Haven Ridge, Woodlands, TX 77.													
	20a. METHOD OF DISPOSITION 1XI Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Crestlawn Memorial Gardens 8/04 Marriottsville												n, Stata	
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY												re, MD	
	HUBBARD FUNERAL Home, Inc.													
_	23. PART I. Enter the diseases, or complications that caused the deate to not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events    Accommodition													
H	resulting in death) LAST													
4: MEDICAL C	PART II. Other algoritic	cant condition	ne contributing to	out not resulting	olting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 □ YES 2 ☑ NO						MED?		WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF GEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					26.	PLACE OF O	EATH (Ch	eck only	one)			
2	1 YES 2 DINO		HOSPITAL:	☐ ER/Outp	ontient 3 🗆 DO/	OTHER:								
E	27. MANNER OF DEATH		26s. DATE Of	F INJURY Day, Year)		TIME OF	28c. II	NJURY AT		e U Other (Specify)  2ed. 0E\$CRIBE HOW INJURY OCCUREO				
	1 Netural 5 2 Accident		М		YES 2	NO								
3	3 Suicide 6 Homicide	ctory, of	ry, office  261. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLET	one) 2 ME	DICAL EXAMINI	ICIAN: To the best of s											and menner as si
H H	296. SIGNATURE AND TITL	E OF CERTIFIE	R/M		•			29c. LICI	ENSE NUI	MBER	2	29d. DATI	SIGNED (	Month, Day, Year)
2	· IVlan	men	VIII	en	9			D	38	190	2		18/0	01/93
	30. NAME AND ADDRESS I	PERSON WI	De COMPLETED CAU	ISE OF DE			51	mum	io K	inel	Alum	bu	MP	2045
	31. DATE FILED (Month, Des	( Year)	32. REGISTR	AR'S SIGN	ATURE Sulia	Denis.	>	2	74					-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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IMPORTANT: If item 28 is marked, or item 23 shows any

31. DATE FILED (Month, Day, Year)
AUG 0 2 1993

FOR STATE	STATE OF M.	ARYLAND /	DEPAR	TMEN	OF H	EALTH	AND I	MENTAL			3	22267	
1. DECEDENT'S NAME (First, Middle, Last)	M	, (	0 .	Se	Y	DEA	Н	2. DATE OF MONTH	PEG. NO.		YEAR 3	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH Per Year		~	HPLACE (State or Foreign	
384-40-0450	1 M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	8-25	-1908			sachusetts	
9a. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY		R LOCATI		ATH		9c. COUNT			
Edenwald				9	7	owsc	n			E	Balt	imore	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	-		10c. CIT	Y, TOWH	OR LOCAT	ION						10d. INSIDE CITY	
Maryland	Baltimo	re				To	wson	1				LIMITS?	
10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITIZ	EN OF	WHAT COUNTRY?	
800 So	utherly I	Road			-		21	1204		J	J. S	S. A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 XI	RMED		If yes, sp		n, Maxica	in, Puarto Ric	Puerto Ricen, etc.)			ACE — American Indian, Hack, White, etc.	
15. OECEOENT'S EDUC		16a. OE	CEOENT'S	USUAL O	CCUPATIO	ON .		16b. K	IND OF BUS	INESS/INDU	JSTRY		
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(G		work done se retired.)		st of workli	ng						
12			Ho	omema	ker				Don	nestic			
17. FATHER'S NAME (First, Middle, Last) Ha	rry Crawford 16. MOTHER'S NAME (First, Middle, Mail rry Crawford Edith De												
198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 31—A Queen Ann Way Chester, Mary!												519	
20a. METHOD OF OISPOSITION 1		20b. PLACE of cemetary Fair	, cremator	t Cer	nete:		SS OF FA	CHITY	Denv	_	Cold		
23. PART I. Enter the dieeesee, or cahock, or heart fellure. LimmEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO		QUENCE O	Con:	A~	lu	ph	,	em			Approximate interval Betwoonset end De	
PART II. Other algnificent conditions	a contributing to	death but not	reaulting	In the u	nderiyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?													
1 VES 2 NO  27. MANNER OF OPATH  1 Natural 5 Pending	28a. OATE OF (Month, De	INJURY	28b. TI	-	Nursing Home 5 Residence OF 28c, INJURY AT			ce 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCC			URED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Of building,	F INJURY — AI h						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check on one)  EXAMINES: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as a control one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. Dr.										e cause	a morting constraints		

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22268

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (F)	irst, Middle, Last)			CERTIF	ICATI	E OF	DEAT	H		REG. NO.		] 3	. TIME OF DEATH
1	RENIAMIN REFUSTED COATES									MONTH			YEAR	9 • 15
	4. SOCIAL SECURITY NU 200-712-905		5. SEX 6. AGE (in yrs. last birthday)  1 X M 2 F 45 YRS.			IF UNDER	1 YEAR			7. DATE OF BIRTH (Month, Day, Year) July 6, 1		e pip		ACE (State or Foreign
ron	90. FACILITY NAME (II no CENTRAL	CHEM				KTO	DR LOCATIO							
DIRECTOR	RESIDENCE OF D 10a. STATE Maryland	10b. COUNT				y, town								Od. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER 54 Holly	ER						21919				10g. CITI	ZEN OF WH	YES 2 X NO
В	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 🗓 D	T EVER IN U.S VES 2 MAR OR DATES	□ NO		If yes, sp	ENDENT OF	, Maxican	, Puarto F	? (Specify Yes Ricen, etc.)	or No—	Black, V	- American Indian, White, etc.		
COMPLETED	15. D (Specify Elementary/Secondary	+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Quality Control Manager						16b. KIND OF BUSINESS/INDUSTRY er Chemical Compa			ny		
BE CON		eorge H						Jemn	emmie Carnathan					
TO E	George H.		196. MAILING 108 1	addres Bayv:	S (Street a	Road	or Aural Ac - Ch	esap	Number City or Town, State, Zip Code) sapeake City, MD 21915					
	20s. METHOD OF DISPOS 1 Burlal 2 X Crema 4 Donation 5 Ott	20b. PLI cemeters R.	A. Ferris & Co., Inc. Wes								ocation — City or Town, State st Chester, PA			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  PLANT E THE CASE HOME TOT FUNERALS, P.A.  103 West Stockton Street Elkton. MD 21921-5521													
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):												Approximat Interval Bet Onset and I	
CERTIFICATION														
MEDICAL	PART II. Other signifi	cant condition	ons contributing to death but not resulting in the underlying cause given in Part i							Part I.	t I. 24a. WAS AN AUTOPSY PERFORMED?			ERE AUTOPSY FINIMALABLE PRIOR TO OMPLETION OF CAF DEATH?
ICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	D ·	ACE OF DE						
PHYSICI	1 YES 2 NO		1 Inpatient 2		-			o 5 🗆 Res		-	-	IOB		
ВУ Р	1 🖔 Natural 5 [	M	URY WORK?				DESCRIBE HOW INJURY OCCURED							
ETED	4 Homicide	Could not be determined	building,	etc. (Specify)	At home, farm,	street, fac	tory, offic	<b>a</b>		City	ATION (Street or Town, State)	end Number	or Rural Rou	ite Number,
COMPL			BICIAN: To the best of a											nd manner as star
TO BE COMP	296. SIGNATURE AND TIT	w	CoteM) O.C.M.E								29d. DATE SIGNED (Month. Day, Year)  07-27-1993			
	30. NA ADDRESS  J. CARO  31. DATE FILED (Month, D.	NW	CKE, M	AR'S SIGNATU	111	Print) Peni	n St	tree	t, E	Balt	imore	e, Ma	aryla	and 2

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / D	EPARTMENT O	F HEALTH AND	MENTAL	HYGIENE
CE	RTIFICATE (	OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND E OF DEATH		GIENE 3. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	S. SEX B. AGE (In yrs. I)	haw	JR.	2. DATE OF DE	ATH DAY 3	YEAR 3. TIME OF DEATH M						
	4. SOCIAL SECURITY NUMBER 3.18-44-9180	BIRTHPLACE (State or Foreign Country) "Ua /											
TOR	96. FACILITY NAME (if not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  8c. COUNTY OF DEATH  8c. COUNTY OF DEATH												
DIRECTOR	10e. STATE 10b. COUNTY	Y	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	10e. STREET AND NUMBER  5610 Eld  11. MARITAL STATUS		,	101. ZIP CODE	5	2	N OF WHAT COUNTRY?						
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 14 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Ricen, e	ify Yes or No.— 14 tc.)	4. RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) ((	ECEDENT'S USUAL Give kind of work done to NOT use retired.	during most of working	16b. KIND	OF BUSINESS/INDUS	STRY STRY						
	17. FATHER'S NAME (First, Middle, Last)	C	J	16. MOTHER'S N	AME (First, Middle, )	Veiden Sumerne)	J						
TO BE	19a. INFORMANT'S NAME (Type/Print)	woley "	9b. MAILING ADDRES	SS (Street and Number or Rural	Route Number, City		ode)						
	20a. METHOD OF DISPOSITION  1  Burlel 2		AND DATE OF DISPO		DATE 2	Oc. LOCATION — CH							
	21. SIGNATURE OF FUNERAL SERVICE LIC		22	NAME AND ADDRESS OF FA	5	AUE.	V 02-1						
	23. PART I. Enter the diseeses, or o	complications that caused the di List only one cause on each lin	eath. Do not ente	or the mode of dying, such	ch as cerdiec or	reepiratory erres	interval Between						
	disease or condition resulting in death)	a. Fud S  DUE TO (OR AS/A CONSE	tage 1	Von Sugl	Cell	Lungle	Onset and Death						
TION	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
A	PART II. Other significent condition	e contributing to death but not	reculting in the u	nderlying ceuee given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
PHYSICIAN: MEDIC	- L	9				YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)									
SIC	EXAMINER?	HOSPITAL:	OTHE			(v)							
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?		HOW INJURY OCCUP	RED						
B	Accident Investigation	On DIAGE OF WHITE	M	1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, fac	itory, office	28f. LOCATION ( City or Town,	Street end Number or State)	Aural Route Number,						
COMPLETED		CIAN: To the best of my knowledge, de R: On the basis of examination and/or											
TO BE (	296 SIGNATURE AND TITLE OF CERTIFIER	chreiden		29c. LICENSE NU	MBER 6435	29d. DAIE S	IGNED (Month, Pay, Year)						
	30. NAME AND ADDRESS OF PERSON WHO	medizare	M 27) (Type, Print)  UN	mg 4 26.	55		,						
3	31. DATE FILED (Month, Day, Year) . AUG 0 2 1993	32. REGISTRAR'S SIGNATURE	Wit.										

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH															
ALMA DI	ETRIC	H							7 27			93 11:40 P			
4. SOCIAL SECURITY NUM		5. SEX 6. AGE (In yrs. last				YEAR DAYS			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH		HPLACE (State or Foreign		
	216-82-8744		92.	YRS.					Dec.		1900		ryland		
	9a. FACILITY NAME (If not institution, give street and number)						OR LOCATI				9c. COU	INTY OF E	DEATH		
Meridian N	Meridian Nursing Home						tons	vill	.e			Balt	imore		
10a. STATE	10b. COUNT	Υ		10c. CITY	r, TOWN OF	LOCA	TION			-			10d. INSIDE CITY		
Maryland	Ba1	timore			R	and	lalls	town					LIMITS?		
100. STREET AND NUMBE			10	r. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?					
3712 La	moine	Road				П	21	133				U.	S.A.		
	11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES					yes, s	pecify Cuba	CENDENT OF HISPANIC ORIGIN? (Specify Yea of cocify Cuban, Maxican, Puerto Rican, etc.) 3 2 🖾 NO Specify:					or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
	CEDENT'S EDU		16a. DE	CEDENT'S	USUAL OC	CUPAT	ION	0.7	16b.	KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary		College (1-4 or 5	+) life.	Do NOT us	vork done du e retired.)	mmy m	OSE OF WORKI	19							
8th Grad	e		Hous	sewif	e										
	17. FATHER'S NAME (First, Middle, Last)						16. MOT			liddle, Malden					
		Schilli:		Cı						na Re					
19a. INFORMANT'S NAME			191	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Mrs. E. Joy		ler		3712 Lamoine Road Randallstown, MD 21133											
20a. METHOD OF DISPOS 1 M Burial 2 Cremat 4 Donation 5 Oth	20b. PLACE of cemetary, More	crematory Land	or other pla Memo	ria	l Pa		7/3		rkvi		Maryland				
21. SIGNATURE OF FUHER	21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LOTING Byers Funeral Directors, Inc.												Tno		
M	8728 Liberty Road Randallstown, MD 2113														
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events															
1												b. WERE AUTOPSY FINDING			
		1 U YES 2 NO COMPLETION OF DEATH?						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
25. WAS CASE REFERRED	TO MEDICAL				-	26.1	PLACE OF I	DEATH (C)	heck only on	e)					
EXAMINER?		HOSPITAL:	□ FR/Outpatient 3	. □ noa	OTHER	:			a 🗆 Othe						
27. MANNER OF DEATH 1 Natural 5	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)							_ NO		CRIBE HOW	INJURY O	CCURED			
2 Accident 3 Suicide a  4 Homicide	ome, farm,	me, farm, street, factory, office					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
Conduction of the	(Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check												(a) and manner as stated.		
Edmul (	296 SIGNATURE AND TITLE OF CERTIFIER  Communication of Communication (ITE)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE)						29c LICENSE NUM  D 349				- 1				
EDMAND P	Tlesen	U 405	Fredhi	ムル	he !	Bal	this	212	24						
AUG 02	1993	32. REGIST	don-fande	M.											



BALTIMORE, MARYLAND 21215-0020

Figer 1, 2, 3 should

DIVISION OF VITAL RECORDS, F.O. BOA 60/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlant be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlan, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir	TO THE FUNERAL DIRECTOR: After this certificate has been since filed within 72 hours after death with the State Dept. of He	IMPORTANT: It Item 28 Is marked, or Item 23 show	

93 22271 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFIC	ATE OF DEATH	REG. NO.	93	
1. DECEDENT'S NAME (First, Middle, La: THERESA ESTI				2. DATE OF OEATH MONTH DAY		3. TIME OF DEATH 8:00 P.M
4. SOCIAL SECURITY NUMBER 212~07—1152	1 □ M 2 💢 F 9	2 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 18,1	900 MAE	RYLAND
99. FACILITY NAME (If not institution, given the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t	PARKWAY HOME	ING	BALTIMORE	EATH	9c. COUNTY OF C	BALTIMORE
100. STATE 10b. COU	NTY	10c. CITY, T	BALTIMORE  101. ZIP CODE		10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 X YES 2 NO WHAT COUNTRY?
100. STREET AND NUMBER  1937 LEMMON STI  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	21223  13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	an, Puerto Rican, etc.)		E — American Indian, k, Whita, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	life. Do NOT use re	c done during most of working stired.)	16b. KIND OF BUS		
JOHN KELLER			Elea		F	
19a. INFORMANT'S NAME (Type/Print) RAYMOND DICUS		RT @2	BOX 80 - HOLL			
20e. METHOD OF DISPOSITION    Buriel 2   Cremation 3   R  4   Donation 5   Other (Specify) _  21. BIGHATURE OF FUHERIAL SERVICE	emoval from State	netery, crematory or other IEW CATHED	DISPOSITION (Name of place) ERAL CEMETERY  22. NAME AND ADDRESS OF F.	8/2 BALT	IMORE .	
· Cate 1	1. The	all.	HUBBARD FUNER	AVENUE-BAL	TIMORE.	MD. 21229
23. PART I. Enter the diseases, of shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one coust on e	ach line.	enter the mode of dying, sur			Approximate Interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF):	11200			- yeur
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A		11200			- Yeus
PART II. Other aignificent condit	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):			NUTOPSY 24t	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	the underlying ceuse given in 28. PLACE OF DEATH (C	1 Part I. 24a. WAS AN PERFORI 1 \( \triangle \triangle YES 2 \)	NUTOPSY 24t	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	DUE TO (OR AS A  C	A CONSEQUENCE OF):  A CONSEQUENCE OF):  CONSEQUENCE OF):  Out not resulting in the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conseq	the underlying ceuse given in  26. PLACE OF DEATH (C THER:  Nursing Home 5  Residence	n Part I. 24a. WAS AN / PERFORI 1 _ YES 2	WITOPSY 248 MED? □ NO	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condit	DUE TO (OR AS A  C. DUE TO (OR AS A  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  CONSEQUENCE OF):  Dut not resulting in to the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the con	28. PLACE OF DEATH (COTTHER: Nursing Home 5   Residence FF WORK? M 1   YES 2   NO	heck only one)	JURY OCCUREO	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificent condit	DUE TO (OR AS A  C. DUE TO (OR AS A  d	CONSEQUENCE OF):  A CONSEQUENCE OF):  CONSEQUENCE OF):  Dut not resulting in the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conseque	28. PLACE OF DEATH (COTTHER: Nursing Home 5   Residence FF WORK? M 1   YES 2   NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a: City or Town, State)	JURY OCCUREO  Ind Number or Rural  There se stated.	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle	, Lest)	DORIS N	M. DAI	LY					2. DATE OF DEATH MONTH JULY 29	19	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-24-0239		5. SEX	6. AGE (In yrs. In	vrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 10-28-1	929	6. BIRTH	PLACE (State or Foreign ry)
OR	9a. FACILITY NAME (If not institution 7605 CARSON		822383			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE	EATH		INTY OF D	MORE
5	RESIDENCE OF DECEDE												
DIRECTOR	Md.	Ba	ltimore			Eastpoint				10d. INSIDE CITY LIMITS? 1 YES 2X NO			
₹	10e. STREET AND NUMBER						10	. ZIP COD			10g. CIT	IZEN OF Y	WHAT COUNTRY?
ÿ	7605 Carson	Ave						212			U.S		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	d	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	1 TES 2 NO Specify: Spe					14. RACI Bleck Spec Whit		
E	15. DECEDENT (Specify only higher	'S EDUC	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	INESS/IN		
BE COMPLETED	Elementary/Secondary (0-12) 10 yrs.	it grade	College (1-4 or 5	- 40	Give kind of to Do NOT u	ema!		st of worki	ng	Own Hon	10		
ON	17. FATHER'S NAME (First, Middle, L	nst)			110111	Cinci	IC I	18. MOT	HER'S NA	ME (First, Middle, Malden			
E C	Peter Kopple	mar	1					An	na l	Murray			
	19a. INFORMANT'S NAME (Type/Prin			1	96. MAILING	ADDRES	S (Street i			Route Number, City or Town	n, State, Zij	p Code)	
5	WIlliam J. D	ai]	Ly		7605	Car	rsor	ı Av	e. I	Balto.,Md	. 2	1224	4
	20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 [ 4 Donation 5 Other (Specific		oval from State	20b. PLACE cometery, co	emetory or o	of DISPOS	sition (Ni	e e m e	r Ce	DATE 200. LO	Ba	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERV	C LIC	EDISON		RKINS	22. NAME AND ADDRESS OF FACILITY					Inc.		
	23. PART I. Entar the disease	a, pro				not anter	r tha mo	da of dv	ing. muci	h as cardiac or readi	cutory ar	altC	Approximate
	ahock, or heart for iMMEDIATE CAUSE (Final disease or condition	ilure.	List only one cau	use on each lin	10.							,	Interval Between Onset and Death
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (If any, leading to immediate cause. Enter UNDERLYING CAUSE Indiany.  CAUSE (Disease or Indiany.  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Indiany.  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Indiany.  Comment of the conditions of the conditions of the cause.)  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Indiany.)												
CATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	Į	DUE TO	(OR AS A CONSI	EGUENCE O	P:	ten	is	les	sui			1039
CERTIFICATION	that initiated events resulting in death) LAST	l	d	(DR AS A CONS	EQUENCE O	F):							
MEDICAL C	PART II. Other algnificant con	dition	contributing to	death but not	reaulting	in the u	nderiyin	g cause	given in	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
~			•							1	□ No		OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MED	CAL					26. P	ACE OF D	EATH (Ch	eck only one)			
Sic	t YES 2 ND		HOSPITAL:	FR/Outpetlant	3 T DOA	OTHE	R:	-	_	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26s. DATE OF	INJURY	26b. TIN	E OF	28c. IN.	URY AT	sidenca	28d. DESCRIBE HOW I	NJURY OC	CURED	
	1 Netural 5 Pendin		(Month, E	Jay, Year)	IN.	JURY		PRK? YES 2 [	ON	No. of Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street,			
TED BY	2 Accident Investig	not be	28a. PLACE C building,	OF INJURY — At h	nome, farm,	street, fac	tory, offic	•		26t. LOCATION (Street a City or Town, State)	and Numbe	r or Rumil i	Route Number,
COMPLETED										to the cause(a) and mer time, data and place, an			a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CE			ns M					ENSE NUA				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS			SE DF OEATH (IT	ЕМ 27) (Туре		r. a nji	7 DA		MORE, MD.		212	,,,,
5	31. DATE FILED (Month, Day, Year) AUG 0 2 1993		32. REGISTRA	AR'S SIGNATURE		10	ווואה	J DA	2111	TOKE / FID •		216	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	6	E1115			2. DATE OF DEAT	H DAY 29	YEAR 93	3. TIME OF DEATH 7/0 A M	
	417-78-2556	1 🗆 M 2 🗸 F 4]	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	ar) /		HPLACE (State or Foreign ry) Alabama	
TOR	90. FACILITY NAME (If not institution, give street Northwest Hospit				dallstow			unty of D Baltin		
DIRECTOR	10a. STATE 10b. COUNTY	1timore	10c. CITY, TOWN OR LOCATION Randallst			llstown			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER 3913 T	evis Circle		10	ZIP CODE 21	133	10g. Cf		what country?	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	ES 22NO If yes, specify Cuben, Mexican			en, Puerto Rican, etc	y Yee or No-	14. RACE Black Speci	E — American Indien, k, White, etc. #y: Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION propieted) College (1-4 or 5+)	(Give kind of v	usual occupation work done during more retired.)	ON st of working		mestic			
BE CON	17. FATHER'S NAME (First, Middle, Last) A1	fred Lewis				ME (First, Middle, Me Jezzarie				
TO B	190. INFORMANT'S NAME (Type/Print)  Joseph Ellis			ADDRESS (Street of		Route Number, City of ndallsto			d 21133	
	20e. METHOD OF DISPOSITION 1   Burlal 2   Cremetion 3   Ramov 4   Donation 5   Other (Specify)	al from State ceme	tery, cremetory or of 1	of disposition (Na thar place) Cemetery		8/3 B	irming	ham,	Alabama	
1	21. SIGNATURE OF FUNERAL SERVICE LICES  Prickel P	manullo							l Service	
CERTIFICATION	3981Carrollton Road Upperco, Maryland 21155  23. PART I. Enter the diseases, or compilications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other eignificant conditione	contributing to death bu	t not reaulting I	n the underlyin	g cause given in	Part I. 24a. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
I: MEDICAL							S 2 NO		COMPLETION OF CAUSE OF DEATH?	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	4 Nursing Hom E OF 28c. INJ URY WO		8 Other (Specify) 28d. DESCRIBE HO		CURED		
TED BY	2 Accident Investigation 3 Sulcide 6 Could not be datermined	28e. PLACE OF INJURY – building, etc. (Specif)	- At home, lerm, a			281. LOCATION (St. City or Town, S		or or Rural R	Route Number,	
COMPLETED		AN: To the best of my knowled On the basis of exemination							end manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	er, Mr	)		29c. LICENSE NUI	1645	29d. DAT	TE SIGNED	(Month, Day, Year) 29/93	
	30. NAME AND ADDRESS OF PERSON WHO	par	Unic	Print)	Mar	4/910	1 +	ta	SD.	
3	AUG 0 2 1993	32. REGISTRAR'S SIGNAT	andelle			0				



of(*)

BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending produced	the funeral director, page 5 should be detached for use as the purish with the Pages 1, 2, 3 should wal.	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending privation	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns have remained by the attending physician and Mental Hygiene prior to burlal. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

_	TIEGIOTZIAT					IOAIL	_ 01	DEA			HEG. NO				
	1. DECEDENT'S NAME (First	t, Middle, Last)					7.3			2. DATE	OF OEATH	AY	YEAR	3. TIME OF	DEATH
	ADOI	PHUS			GRE	ENHI	LL			7	29		993	6:55	A M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTH	PLACE (State	
	223 58 83	99	1 XM 2   F	50	YRS.	MONTHS	DAYS	HOURS	MIN.		4/42		Va.		
	9e. FACILITY NAME (If not in		treet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						_			
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2	FRANCIS SO		KEY MED	ICAL C	ENTE	R	BAI	J.I.TW	ORE	CIT	Y				
E I	10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN C	OR LOCA	hati						10d. INSIDE	
DIRECTOR	Md.	Ba	altimor	е	Tur	ners	5 57	mati	.on					LIMITS	
	10e. STREET AND NUMBER						10	f. ZIP COD	E			10a. CITI	ZEN OF-W	HAT COUNT	
Z	624 N. Av	ondal	e Rd.					t. ZIP COD	122	2			US	SA	
BY FUNERAL	11. MARITAL STATUS	-	12. WAS DECEDEN	IT EVED IN HO.	DUE	10.					? (Specify Yes				
립	1 Never Merried 2	Merried	FORCES? 1	PY VES 2	NO		If yes, sp	ecity_Cube	m, Mexice	n, Puerto F		or No-	Black	<ul> <li>American</li> <li>White, etc.</li> </ul>	indien,
≽ا	3 Widowed 4 Dive		IF YES, GIVE Y	ietnar	m	1	1 TYES	2 1 NO	Specify	y:			APP	ÖAmei	rican
	4F DEC	EDENT'S EDU								Lan		ı			
쁘	(Specify on	ly highest grade	completed)	1000	DECEOENT'S (Give kind of a life. Do NOT us	work done			ng	166.	KIND OF BU	SINESS/INC	DUSTRY		
ا ۳	Elementary/Secondary (	0-12)	College (1-4 or 5	+) "	Cool					D.	111	0.000	O: L		
₹					COOR	_					altim		CIT	У	
COMPLETED	17. FATHER'S NAME (First, A		C	7.7				18. MOT			Aiddle, Meiden				
BE	Adolphus		Greenhi	-11					P	ann:	1e	Park	er		
2	19a. INFORMANT'S NAME (										er, City or Tow				
F	Janie	Gree	nhill		624	N.	Av	onda	ale	Rd.	Balt	O., M	Id.	21222	2
	204 METHOD OF DISPOSIT	ION			E AND DATE		ITION (N	ame of		OAT	E 20c. LO	CATION -	City or To	wn, State	
	1-12 Burial 2 Cremation 5 Other		oval from State	Ga.	remetory or o	ther plece)	ore	st T	7. A.	8/	3 Ow	inas	: Mi	11e	Ма
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	1 04.	11100			ND ADORE			J   OW	Tilds	) 1.1.T	1131	ria.
			1. cm			J	ame	s A	. Mo	rto	n & S	ons			
	am	eslo	2.7/1	OVOI	v	1	701	Lau	iren	s S	t. Ba	lto.	, Md	. 21:	217
CERTIFICATION	Sequentially list conditions, list any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injustinati inflated events)	dlete	b. DUE TO	OR AS A CONS	SEQUENCE O	F): F):	9-		2012	sur-		0 (30)	110		
AL CERT	PART II. Other algnifica	-			t reaulting	In the un	nderfyln	g ceuse	given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 24b.		WERE AUTOF		
EDICAL	DIABE	TES	hely	TUS,							1 YES 2			COMPLETION OF DEATH?	
												_		1 TES 2	. □ NO
2											HADO	DMY			
4	25. WAS CASE REFERRED 1	TO MEDICAL		-			26 P	LACE OF I	FATH (Ch	eck only on	el .				
<u> </u>	EXAMINER?		HOSPITAL:	Vania II We .		OTHER	R:								
PHYSICIAN:	27. MANUER OF DEATH		1 Inpatient 2	***	-				esidence	8 Othe					
4		Pending	(Month, I		28b, TIM	JURY	W	JURY AT ORK?	3.7	28d. DES	CRIBE HOW	INJURY OC	CURED		
10	2 Accident	Investigation				M		YES 2 [	NO						
		Could not be	28e. PLACE ( building,	of INJURY - At I	home, farm,	street, fact	lory, offic	08			ATION (Street or Town, State)		or Rural F	loute Number,	
- 1	4 Homicide	detarmined													
ן בֻ	29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	my knowledge.	death occurr	ed at the t	Ime. dete	end place	, and due	to the car	se(e) end me	nner sa ste	ted		
COMPLETED	anal		ER: On the basis of e											end manne	hetete ee
8											and piece, er			, 4114 111411114	or stated,
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	11					100	ENSE NUI				-	(Month, Day,	
2	MANATAGE	- The	ynue						OCME	<u> </u>		▶7	2	9	1993
-	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAU												
U	MISMANA	en A	·KORFL	L 111	Penr	n St	ree	et, 1	Balt	imo	re, M	[ary]	land	21:	201
	31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATURE											
	AUG 0 21	993	gula Davi	down from	ARL.										
		-										100			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deot. of Health and Mental Hybiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After filed within 72 hours after death	IPORTANT: If Item 28 is ma
HT OT	T of	IMPO

FOR STATE REGISTRAR		STATE OF I				F HEALTH AND I	MENTAL HYGIEN REG. NO	E	93	22275	5
Baby G	1	Gi	11/3				2. DATE OF DEATH MONTH D	AY	YEAR 93	3. TIME OF DEATH	м
4. SOCIAL SÉCURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)	93	8. BIRTI Count	HPLACE (State or Foreign ry) USA	
9a. FACILITY NAME (If not institution, give atreet and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c.				c. COUNTY OF DEATH		
THE JOHNS		S HOSPITA	AL_		BALTI	MORE		BAL	TIMO	RE CITY	
RESIDENCE OF DEC	10b, COUNTY										
MD	IOD. COONTY				Y, TOWN OR LO ALTIMOR	RE CITY				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER						101, ZIP CODE		10g. CIT	ZEN OF	WHAT COUNTRY?	_
	ASHINGT	ON STREE				21213			USA		
11. MARITAL STATUS  1. Never Married 2   3 Widowed 4 Dive	Married proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, stc.)  14. RACE — Amer Black, White,						
	EDENT'S EDUC		18a. 1	DECEDENT'S	USUAL OCCUP	ATION I most of working	16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0	1	College (1-4 or 5		ile. Do NOT us	e retired.)	i most or working					

FUNERAL DIRECTOR ВУ COMPLETED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) CLAUDELL GILLIS KATHERINE THOMPSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KATHERINE GILLIS 1806 N. WASHINGTON ST.-BALTO., MD. 21213 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE JHH 7/11/93 BALTO. 21205 MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHNS HOPKINS HOSPITAL 600 N. WOLFE STREET 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ resulting in death) OUE TO (OR AS A CONSEQUENCE OF BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 [] YES 2 [] NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED. Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be detarmined 4 Nomicide 29a. CERTIFIER
(Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7/11/92 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) Johns 31. DATE FILED (Month, Day, AUG 02 alis Farisar Rendardi

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IE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  E FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 17 hours after death with the State begat, of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle,	(Bernar	CERTIF	rner SR		2. DATE OF DE		3. TIME OF DEATH
	BERN.	ARO	Ga D	Ne	2	MONTH	Z9 9	150
	4. SOCIAL SECURITY NUMBER		GE (in yrs. lest birinday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	(bar)	6. BIRTHPLACE (State or Ford
	215-03-0689 9a. FACILITY NAME (If not institution,	1 ∰ M 2 □ F	78 YRS.		100	7/16/	7	MD.
Œ		edical Center	•		or Location of DE	EATH	9c. COUNT	TY OF DEATH
СТОВ	RESIDENCE OF DECEDEN	IT						
DIRE	Md .	DUNTY	10c. CIT	Y, TOWN OR LOCA	477			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Baltimo	f. ZIP CODE		10g CITIZI	1 作 YES 2
FUNERAL	2877 Wo	odbrook Ave.			2121	7		USA
P.	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1 1			CENDENT OF NISPAR Hecity Cuban, Maxica			14. RACE — American Indian Black, White, etc.
В	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O	12/45		NO Specify			Specify: Afr. America
ED	15. DECEDENT'S	EDUCATION	18a, DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDU	
LET	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		ost of working			
COMPLET	17. FATNER'S NAME (First, Middle, Las		Reti	ired			thlehem	Steet
	Frederic				18. MOTNER'S NA	ME (First, Middle, i neresa	Maiden Sumame) Garne	ar
98	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	and Number or Rural I			
5	Earl Gar	rner			St. Ba			1207
	20s. METHOD OF DISPOSITION 14 Burlal 2 Cremetion 3		20b. PLACE AND DATE	OF DISPOSITION (No			Oc. LOCATION — CI	
	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE		Md. Nati		/4/93		Laurel,	Md.
	AD A	1 / da	fin		ND ADDRESS OF FA		neral Ho	ome P A
	in	11 00	( / ///			TICTO IL		
	IMMEDIATE CAUSE (Finel disease or condition	lure. Liet only one ceuse o	n each line.	not enter the mo	1300 Euta ode of dying, such	aw Pl. E	Balto, Mo	1. 21217
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IL CE	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A  DUE TO (OR A  d.	AS A CONSEQUENCE OF	L Man	1300 Euta	Part I. 24a. W	Balto, Mc reepiretory errei	at, 21217 st, Approximat Interval Bet Onset and I
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III. NAME AND ADDRESS OF PERSON

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93 22277 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR .TZABETH GRAFFF 232 М 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M XXX F 214-20-8720 7-21-1926 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e, STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Perry Hall 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8802 Chardel Rd. 21236 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES X 1 Never Married 2XX Merried BY 1 TES AND NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Payroll Clerk Chessie System 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Franklin Louis Graefe Sadie Elizabeth Miller B 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William F. 8802 Chardel Rd. Baltimore, Owings 21236 Maryland 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify Entombment 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Moreland Mem. Pk. Cemetery 7-31+93 Balto., Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home Lassahn Juneral Jones 7401 Belair Rd. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition___ DILATED CARDIO MY UPATHY resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? RENAL INSSFELLIENCY 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 - NO 4 I Num 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 8 Could not be 4 Homicide E 29e. CERTIFIER

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(C COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se stated. 296. SIGNATURE AND THE OF CERTIFIER

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE who Davids

DESMARAIS

29c. LICENSE NUMBER

5 60 RIVERSINE

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SUITEBIUL

SALISBUR

29d. DATE SIGNED (Month, Day, Year)

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hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

70 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detarched	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OINTE OF MATTE	CERTIF	ICATE OF	DEAT	H	MENIAL HTGIEN REG. NO	_			
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	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH	T	8. BIRTN		Foreign
	L213-00-3/42		3 YRS.	MONTHS DAYS	HOURS	MIN.	8-I0-6	9	Countr	Md	
	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN		N OF DE	ATN	9c. COUN	TY OF D	EATN	
O.	4600 PARK HEIGH	ITS AVE. (I	REAR)	BALTIM	ORE						
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		40- 00	Y, TOWN OR LOCA							
H	Md		100. 011	Balto	IION				- 1	10d. INSIDE CIT	
-	10e. STREET AND NUMBER				f. ZIP CODE			1 1 YES 2 □ NO			
ER/	2920 Oakley	Ave			2	121	5		J.S		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S.,ARMED	13. WAS DE	ENDENT O	F NISPAN	IC ORIGIN? (Specify Yes	or No.—	IA BACE	- American Ind	llan
	1 X Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	estry Cuban	Mexican Specify:	, Puerto Rican, etc.)	0, 1,0		— American Ind	
in 3 Wildowed 4 Divorced									"y: Blac	CK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION empleted)	(Give kind of	USUAL OCCUPATI	ON ost of working	7	16b. KIND OF BUS	SINESS/INDU	STRY		
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)							
× ×	17. FATHER'S NAME (First, Middle, Last)										
	James T. Haywo	bod			18. MOTH	ER'S NAM	IE (First, Middle, Meiden Dyn Du	_{Sumame)} IDD <b>i</b> n	c		
BE	19a. INFORMANT'S NAME (Type/Print)		401 21011 1111								
2	James T. Haywo	ood	29	20 Oak	ley	AVE	oute Number, City or Town	n, State, Zip C		215	
	204, METHOD OF DISPOSITION	20	b. PLACE AND DATE					CATION - C			
	1 Donation 5 Other (Specify)	al from State Cer	meterio emido no	ther pipeark	1110 01	7	129/93			Md	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME A	ND ADORES	S OF FAC	ILITY				
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	23. PART . Enter the diseases, or con	nolications that have	d the death. Do								
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	IMMEDIATE CAUSE (Finel disease or condition	Blut	3 00 T	A De pri	. 6	Ma	1 6. 1	M	11	Onset an	d Deeth
	resulting in death) a.,	DUE TO (OR AS	A CONSEQUENCE O	Di Jan C	10	ite.	ed and	FILE	11	1916	
z		o Stal	Wixing	is of	a	Le	81				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O				-				
2	CAUSE (Disease or Injury										
	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	<b>י</b>							
5	d.									-	
	PART II. Other significent conditions	contributing to deeth i	out not resulting	n the underlyin	g cause gi	ven In F	Part I. 24a. WAS AN		24b.	WERE AUTOPSY F	INDINGS
S							PERFOR			AVAILABLE PRIOR COMPLETION DF	
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OE	ATH (Chec	ck only one)				
ĬŞ.	7.7	inpatient 2 ER/Out	patient 3 DOA	OTHER: 4   Nursing Hom	e 5 🗆 Res	Idence 8	X Other (Speed) LI	EY			
표	27. MANNER OF DEATN  1 Natural 5 Pending	28a, OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			28 DESCRIBE HOW I		RED	Stable	d
B	1 Natural 5 Pending 2 Accident Investigation	UNKNOWN		NOMIN 1 -		NO	POSSIBLI	DEA	T + T	E Tu	4
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	cify)	treet, factory, offic			28f. LOCATION (Street a City or Town, State)				
E !			ALLEY				4600 PAF	K HE	IGH	ITS AVI	Ξ.
COMPLETED		N: To the best of my know									
ō l	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	n, in my opinion, d	eath occure	d at the ti	ima, deta and place, and	dua to the	cause(a)	and manner as s	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	- P- 540 1	0		29c. LICEN	ISE NUME	BER	29d. OATE !	SIGNED	(Month, Day, Year)	
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	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE									
	31. DATE FILED (Month, Day, Year)	(=, VN)	lll Pen	n Stree	et, E	Balt	imore, M	laryl	and	2120	)1
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BALTIMORE, MARYLAND 21215-0020

notified at once. å must examiner medicai ile event, other traumatic 6 has been signed by Dept. of Health and n 23 shows any OR ATTENDING PHYSICIAN: The law requires that the State I item 5 with t marked, After ti E FUNERAL DIRECTOR: A d within 72 hours after d HTANT: It item 28 is HOSPITAL TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: II

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HERBERT T. HARRIS JULY 30, 1993 7:40 A.M. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year HOURS MX M 2 F 66 YRS. MARCH 6,1927 219-16-9158 BALTIMORE, MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION
BALTIMORE CITY 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1509 NORTH MONROE STREET 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XX YES 2 NO REAN IF YES, GIVE WAR OR DATES KOREAN 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: BLACK WAR 10/6/50 -7/10/52 15. DECEOENT'S EOUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Merchant Seaman 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) EARL JENKINS SALLIE D. HARRIS BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CLINICAL RECORDS FORT HOWARD, MD, VA MEDICAL CENTER 204 METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Owings Mills, Md. 875 Carrison Forest V.A. 4 ☐ Donation 8 ☐ Other (Specify) 21. SHOWATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY James A. Morton & Sons U mes 1701 Laurens St. Balto., 21217 23. PART/I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) CARDIAC ARRYTHMIA MINUTES DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSIVE CARDIOVASCULAR DISEASE 3 YEARS CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b, WERE AUTOPSY FINDINGS ALZHEIMER'S DISEASE, DIABETES MELLITUS WITH DEHYDRATION PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) ETED. 3 Suicide 8 Could not be determined 26t. LOCATION (Street and Number or Rural Route Number, City or Town State) 4 Homicide 29a. CERTIFIER

(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 44 an 7/30/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VA MEDICAL CENTER, FORT HOWARD, MARYLAND 21052 AURORA C. TAN. M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 0 2 1993 whice Deviden - Floodotte

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR		7. DATE OF (Month, D		-	6. BIRTHE	PLACE (State or Fo	eign
	217-08-2210	1 M 2 D F	_ 16	YRS. MON	ITHS DAYS	HOURS MIN.	10-2	20-76		Country	Md.	
~	9e. FACILITY NAME (If not institution, give					N OR LOCATION OF D	EATH		9c. COUNT	TY OF DE	EATH	
2	SINAI HOSPIT	AL			BALI	IMORE						
DIRECTOR	10e. STATE 10b. COUN	TY		10c. CITY, TO	WN OR LO	CATION					10d. INSIDE CITY	1
	MD.			Ва	alti						1 X YES 2 _	NO
FUNERAL						10f. ZIP CODE			10g. CITIZI	10g. CITIZEN OF WHAT COUNTRY?		
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	1X Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If Yes, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.)  1 VES 2 NO Specify:						01.40-	Black,	, White, etc.	n, `	
B	3 Widowed 4 Divorced	130, 0172 100				LU Z   INU Specia	7.			Specify	Black	
	15. DECEDENT'S ED (Specify only highest grad		(Gh	CEDENT'S USU.	done during	TION most of working	16b. K/	NO OF BUS	INESS/INDU	STRY		
	Elementary/Secondary (0-12)	1170.	Do NOI use reti	ired.)								
COMPLETED	11th Student  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)											
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B	Arthur Jones  190. INFORMANT'S NAME (Type/Print)	196	MAILING AOD	DRESS (Street	Glady et and Number or Rural							
2	Arthur Jones											
	20e. METHOD OF DISPOSITION			ND DATE OF DE		terstown (Name of	ROAC		CATION — CI			5
	1 Burlel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, cren	matory or other p	place)	Cemeter		1000				
- 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	West	-6-111	22. NAME	AND ADDRESS OF FA	CILITY	L Bd	r r mc	ore,	. Mary	a
CERTIFICATION	disease or condition resulting in death)  a.											
FI	that initiated events  resulting in death) LAST  d.											
22	PART ii. Other aignificant condition	d						a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FI	HOIN
DICAL		PERFORMED?  1  YES 2 NO							AMAILABLE PRIOR COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLICION DE COMPLETION DE COMPLETION DE COMPLETION DE COMPLETION DE	AUSI		
I: MEDIC							-					
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		1-		PLACE OF DEATH (C)	neck only one)					
YSICIAN: MEDIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3		HER:	PLACE OF DEATH (C)	, , , ,	(pecify)				
PHYSICIAN: MEDIC	EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH		NJURY		HER: Nursing H	ome 5 Residence	6 Other (S	IBE HOW II	NJURY OCCU	JRED		
PHYSICIAN: ME	EXAMINER?  1 \( \times\) YES 2 \( \times\) NO  27. MANNER OF DEATH  1 \( \times\) tjetural 5 \( \times\) Pending 2 \( \times\) Accident	28e. DATE OF II (Month, Day 0 7 - 29	NJURY ( Year) 1-1993	28b. TIME OF INJURY 7:00	HER:   Nursing H   28c,     MP   1	ome 5 Residence INJURY AT WORK?  YES 2 X NO	6 Other (S	LIST	r STF	URED	( BY AU	Т
BY PHYSICIAN: ME	EXAMINER?  1 ☑ YES 2 ☐ NO  27. MANNER OF DEATH  1 ☐ yetural 5 ☐ Pending	28e. DATE OF II (Month, De) 0 7 - 29 28e. PLACE OF	NJURY (, Year) 1 – 1993 INJURY – At hone tc. (Specify)	28b. TIME OF INJURY 7:00	MP 1 [	ome 5 Residence INJURY AT WORK?  YES 2 X NO	6 Other (S	LIST	r STF	JRED RUCK	rusta Alumbar	-
BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 yetural 5 Pending Investigation 2 Accidem Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28e. DATE OF I (Month, De)  O 7 - 29  28e. PLACE OF building, e	NJURY , Year) 1 – 1993 INJURY – At hon tc. (Specify)	28b. TIME OF INJURY 7:00 me, term, street STREE1	MER: Nursing H 28c.   MP 1 [ t, fectory, of	ome 5 Residence NJURY AT WORK? YES 2 NHO Hice	6 Other (S  26d. DESCR  BICY  28f. LOCATE City or 1  4 4 0 0	LIST ON (Street a lown, State) BLI a) and man	STF and Number of KREIS	URED RUCK or Rural Ro STEF	RTOWN	T
PHYSICIAN: ME	EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Hetural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	28e. DATE OF II (Month, Day)  0.7 - 2.9  28e. PLACE OF building, e	NJURY , Year) 1 – 1993 INJURY – At hon tc. (Specify)	28b. TIME OF INJURY 7:00 me, term, street STREE1	MER: Nursing H 28c.   MP 1 [ t, fectory, of	ome 5 Residence NJURY AT WORK? YES 2 NHO  Iffice  ste end place, end due, death occured at the	6 Other (S  26d. DESCR  BICY  28f. LOCATE City or 1  4 4 0 0  to the cause time, data en	LIST ON (Street a lown, State) BLI a) and man	C STF and Number of KREIS wher as stated d due to the	URED RUCK OF RURAL RESTER	RTOWN A	To
BE COMPLETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 yetural 5 Pending Investigation 2 Accidem Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28e. DATE OF II (Month, Day)  0.7 - 2.9  28e. PLACE OF building, e	NJURY , Year) 1 – 1993 INJURY – At hon tc. (Specify)	28b. TIME OF INJURY 7:00 me, term, street STREE1	MER: Nursing H 28c.   MP 1 [ t, fectory, of	ome 5 Residence NJURY AT WORK? YES 2 NHO Hice	6 Other (S  26d. DESCR  BICY  28f. LOCATE City or 1  4 4 0 0  e to the cause of time, data en	LIST ON (Street a lown, State) BLI a) and man	C STF and Number of KREIS wher as stated d due to the	URED RUCK OF RURAL RESTER	RTOWN	ď
COMPLETED BY PHYSICIAN: ME	EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Hetural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	28e. DATE OF I (Month, De)  0 7 - 29  28e. PLACE OF building, e  SICIAN: To the best of n  NER: On the basic of axa	NJURY (, Year)  1 1993  INJURY — At hon to. (Specify)  my knowledge, dea imination end/or in	DOA 4 28b. TIME OF INJURY 7 : 0 Come, term, street STREET ath occurred at investigation, in	THER: Nursing H  28c, 1  1, fectory, of	ome 5 Residence NJURY AT WORK? YES 2XXVO  Mice ste end place, end due t, death occured at the	6 Other (S  26d. DESCR  BICY  28f. LOCATE Chy or 4 4 0 0  9 to the cause 9 time, data en	IBE HOW IN YLIST ON (Street a Gwn, State) BLI a) and man d piece, and	REIS Where as stated due to the	JRED RUCK STEF  d. couse(e) SIGNEO - 29	end manner ae st	T (
BE COMPLETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1   Netural 5   Pending investigation 3   Suicide 4   Homicide 6   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINED  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF I (Month, De)  0 7 - 29  28e. PLACE OF building, e  SICIAN: To the best of n  NER: On the basic of axa	NJURY (, 19ar) 1 – 1 9 9 3 INJURY – At hone to. (Specify)  Ty knowledge, dea ministion end/or in  E OF DEATH (ITEM	DOA 4 28b. TIME OF INJURY 7 : 0 Come, term, street STREET ath occurred at investigation, in	THER: Nursing H  28c, 1  1, fectory, of	Ome 5 Residence NJURY AT WORK? YES 2 NHO Hice ste end place, end due t, death occured at the	6 Other (S  26d. DESCR  BICY  28f. LOCATE Chy or 4 4 0 0  9 to the cause 9 time, data en	IBE HOW IN YLIST ON (Street a Gwn, State) BLI a) and man d piece, and	REIS Where as stated due to the	JRED RUCK STEF  d. couse(e) SIGNEO - 29	end manner ae st	T d

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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metally all of the

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO		10 to	202	
	1. DECEDENT'S NAME (First, Middle, Last)	ROBERT P	J.	AMES		2. DATE (	OF DEATH	7-22-9	3 3. T	ME OF DEATH	н
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (II	n yrs, lest birthdey) IF U	INDER t YEAR	IF UNDER 24 HRS.	7. DATE 0	1 2:	23		12	AM
		M 2 🗆 F	/ Z YRS. MONT	*	HOURS MIN.	(Month.	Dey, Year)	30	Country)	E (State or For	eign .
	Se. FACILITY NAME (If not institution, give street	of and number)	9b.	CITY, TOWN C	OR LOCATION OF D	EATH	1001	9c. COUNTY	OF DEATH		
DIRECTOR	University Hosp	oital			Baltim	ore			NA		
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	LIMITS?					INSIDE CITY	
	Maryland 100. STREET AND NUMBER		Bal	timo				1		YES 2 🗌 I	МО
FUNERAL		s Street		101	2 1 2 2 3	)		10g. CITIZEI	OF WHAT	COUNTRY?	
S S	314 S. Norris Street 21223  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RA								RACE - A	merican India	n,
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO Specify:    Wildowed 4 Divorced   1 YES 2 NO Specify: Specify:									white	
	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION	16a. DECEOENT'S USUA	L OCCUPATIO	ON	18b.	KIND OF BU	SINESS/INDUS		AIITCE	
LET		College (1-4 or 5+)	(Give kind of work d life. Do NOT use retir	one during mo. ed.)	st of working						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40. 40.000						
BE C	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				16. MOTHER'S NA	AME (First, M	iddle, Maiden	Sumame)		(	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	AESS (Street a	nd Number or Rural	Route Numbe	er, City or Tou	rn. State, Zip Co	de)		
	20a. METHOD OF DISPOSITION										
	1 Burlet 2 Cremation 3 Remove	ni from State 1 como	PLACE AND DATE OF DIS plary, crematory or other pl		me of	OATE	20c. LC	CATION City	or Town, S	tata	١.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Wade, Dir	22. NAME AN	D ADORESS OF FA	VCILITY C	State	Anat	omy	Board	E
	( ) anoul	1 spec			Baltim						
	23. PART I. Enter the diseases, or our shock, or heart fellure. Lie	npilications that caused at only one cause on ea	the death. Do not en	nter the mo	de of dying, suc	ch as cardi	ec or resp	iratory erresi	,	Approxime	
	IMMEDIATE CAUSE (Fige)	- Da Carrier Mr.			0					Onset and	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	uluu	<b>/</b>					15 W	3
N	Sequentially list conditions, b.	DUE TO (OR AS A O	canter	· a	leno ca	icin	ma		į		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS)	CONSEQUENCE OF):	1							
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						-		
CERTIFICATION	resulting in death) LAST										
AL O	PART ii. Other significent conditions	contributing to deeth bu	t not resulting in the	underlying	ceuse given in	Pert i.	24a. WAS AN			AUTOPSY FIN	
음							PERFOR	IMPO	COM	ABLE PRIOR T PLETION DF CA EATH?	O NUSE
N						_ [				YES 2   NO	•
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one	)		L		
rsic	EXAMINER?	OSFITAL: Conpetient 2 ER/Outpar		HER:	5 🗆 Residence	-					
	27. MANNER OF DEATH  Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	RK?	28d. DE\$C	RIBE HOW I	NJURY OCCUR	ED		
B	2 Accident Investigation	28s. PLACE OF INJURY -			ES 2 NO	284 1 004	TION (Creek	and Number or	D		
	4 Homicide 8 Could not be detarmined	building, etc. (Specif	γ)	indicate of the second		City or	Town, State)	end Number or I	nurer Proute I	rumoer,	
COMPLETED	29a. CERTIFIER Check only	N: To the best of my knowle	dge, death occurred at t	he time, data	and place, and due	to the caus	e(s) and mai	nner as atated.			
SON	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, in r	my opinion, de	eath occured at the	time, data a	ind place, an	d due to the co	euse(s) and	manner as sta	ited.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	00			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mont	h, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)					7/3	12/9	5	
	122 S. Green	4-		2120	1						
	31. DATE FILED (MORE). 02. (24) 1993	32. NEGISTRATS SIGNAT	TUBE			-					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

inding physician.	as the burial-transit permit. Pages 1, 2, 3 shou			
after death. Page 6 may be retained by the hospital or att	y the funeral director, page 5 should be detached for use	noval.	cal examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT	

BALTIMORE, MARYLAND 21215-0020

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22283 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93
CERTIFICATE OF DEATH
REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE 93	3 2	2283
1.	DECEDENT'S NAME (First, Middle, Last)  JAMES	J	ACKSON			2. DATE OF DE		YEAR 93	3. TIME OF OEATH
	SOCIAL SECURITY NUMBER 216-20-6965	5. SEX 6. AGE (I	n yrs. lest birthdey) 64 VRS.	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 11-4-	16ar) 28	MD	
100	2515 BROOKFIELD  ESIDENCE OF DECEDENT		- 1	BALTIM	ORE	EATH	9c. COU	NTY OF DE	EATH
	MD 10b. COUNTY	Y	10c. CITY,	BALTIM					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	STREET AND NUMBER     2515 BROOKFIELD	AVENUE		101	ZIP COOE 21217			EN OF WHAT COUNTRY?	
à 3 ²	MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	— American Indian, , Whita, atc. y: BLACK			
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo retired.)		16b. KIND	OF BUSINESS/INC		BLACK
N 17.	5th FATHER'S NAME (First, Middle, Last)		DIOADLE		18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
	JAMES AUBREY JA	CKSON				CES HAYE			
19.	a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural			Code)	
2	THELMA MILLS		2515 B	ROOKFIE	LD AVENU	JE/BALTI	MORE, M	ARYLA	AND 21217
24	a. METHOD OF OISPOSITION    XBurla! 2   Cremation 3   Ram   Donation 5   Other (Specify)	oval from \$1sts	PLACE AND DATE OF N.G. M.E.M.O. HEST C			OATE		RAND	ALLSTOWN
21.	SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ID ADDRESS OF F				
	· Agne	the s.	fones		MARCH F.				ENUE
il.	AMEDIATE CAUSE (Final lease or condition wellting in death)	e. CARD	CONSEQUENCE OF):			•	r reepiratory an	rest,	Approximate Interval Between Onset and Death
FICAL COLUMN	equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury let initiated events souting in death) LAST	D. OUE TO (OR AS A	TRIAL CONSEQUENCE OF): HTM CONSEQUENCE OF): ETES		FILI				
BY PHYSICIAN: MEDICAL CER	ART II. Other significant condition		at not resulting in	the underlying	cause given in	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED? YES 2 DRP		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z 25	WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (C	heck only one)			
5	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpi		THER:	e 5 Residence	8 Other (Spec	ffy)		
27.	MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ			HOW INJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	eet, factory, offic		281. LOCATION City or Town	(Street and Number n, State)	or Rural A	oute Number,
29		CIAN: To the best of my knowl							and manner as stated.
29	b. SIGNATURE AND TITLE OF CERTIFIE	Thele	my INI	DER SIN	29c. LICENSE NU	MBER 26 2	29d, DAT	SIGNEO	(Month, Day, Year)
30.	NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	SING CONTRACTOR	TIMOR		230 5-2377			
2 31.	AUG 172 7993	Juna Davidson-A	TURE						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEI		46	.204
	1. DECEDENT'S NAME (First, Middle, Lest) BENJAMIN F. JON	ES JR.				2. DATE OF DEATH		MEAD	TIME OF DEATH 3:20 P.M. M
		XXM2DF	37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 2-16-56		. BIRTHPL Country)	ACE (State or Foreign
TOR	THE JOHNS HOPKINS	•			ORE CITY	EATH	BALTI		Н
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	BALTIMO					d. INSIDE CITY LIMITS?  X YES 2 NO
FUNERAL	10a. STREET AND NUMBER 2629 LLEWELYN AV	ENUE	•	10	1. ZIP CODE 21213		1	S.A.	T COUNTRY?
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	oe or No— 14	Black, W Specify:	American Indian, Thite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  AUTO RECONDITIONER  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  170WSON WASH MOBILE								
NO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder	n Surname)		
BE (	BENJAMIN F. JONE	S, SR.			CORNEL	IA E. PERR	IN		
5	199. INFORMANT'S NAME (Type/Print)  CORNELIA E. JONE	S				Route Number, City or Tow BALTIMORE			
	20e. METHOD OF DISPOSITION  1 X Puriel 2 Cremetion 3 Remove  4 Donation 6 Other (Specify)	from State ceme	PLACE AND DATE ( etery, crematory or of PRITTIS M	her place)			DITUS,		State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE K.C	Janes	22. NAME A	ND ADDRESS OF FA			757 -	NIE.
	23. PART I. Enter the diseeses, or con	nplications that caused	the death. Do n						Approximata
	IMMEDIATE CAUSE (Final	VENTRICUL  DUE TO (OR AS A	och ilne.						Onset and Death
NOIT	Sequentially list conditions, if any, leading to immediate	CARD O MY		,					30 mints
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):					
MEDICAL C	PART II. Other significant conditions of	contributing to death bu		n tha Underlyin	g cause given in	Part I, 24a. WAS AF PERFO	RMED?	AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Z: ME						_	, -		YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO 1	OSPITAL: 2 ER/Outpo	ntient 3 🗆 DOA	OTHER: 4 - Nursing Hon	e 5 🗆 Reeldence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIMI	URY WO	URY AT PRK? YES 2 \( \square\) NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	At home, ferm, a	treet, fectory, offic	•	26f. LOCATION (Street City or Town, State		Rural Rout	Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (	N: To the best of my knowled On the basis of examination							d menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  MBG/W MD				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (MC	onth, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO CO	le MiD.	Johns		is Hospir	tel Bett	more	MI	21205
7	AUG 02 1993	2 REGISTRAP'S SIGNA	Mandelle		1				

Pages 1, 2, 3 should permit. for use as the burial-transit the funeral director, page 5 should be detached once. Ħ notified e must examiner medical filled in by 1 6 the attending physician and completely fille Mental Hygiene prior to burtal, cremation, the event, traumatic 10 Injury, signed by the any Health shows a this certificate has been with the State Dept. of 23

Page 6 may be retained by the hospital or attending physician.

executed with BOX 68760.

DIVISION OF VITAL RECORDS, P.O.

DR ATTENDING PHYSICIAN:

6

28 is marked,

If Item

After

DIRECTOR: /

FUNERAL WITHIN 72 F HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-703 9/13/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22285 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF OEATH YEAR JONES MICHELE 993 6 12:32 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5-16-93 DAYS 1 M 2 F YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LINTON MEMORIAL HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND baltimore XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2022 N. CALVERT ST. 21218 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 □ YES 2 □ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried 8 BolemACK 3 Widowed 4 Divorced ETED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) COMPL BABY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAEL ERVIN CHRISTINE JONES BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 CHRISTINEE JONES 2022 CALVERT ST. 21218 BALTO., N. 20e. METHOD OF DISPOSITION
1 D Burlel 2 Cremation 3 D Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ME MOR I AL PARK 4 Donation 5 Other (Specify) 8-2 RANDALLSTOWN, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . MALNUTRITION reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 4 I Nurs ng Home 5 - Residence 6 - Other (Specify) 284. DESCRIBE HOW INJURY OCCURED SUBJECT LACKED 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending FOUND IN A FOUND:7-16-93 1 YES 2 YNO 8 ADEQUATE FOOD INTAKE 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2022 N. CALVERT ST. 3 Sulcide 8 Could not be determined COMPLETED 4 KHomicide HOME 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1993 17 MO 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THORONE Penn Street, Baltimore, Maryland 21201

22286

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY 1 X YES 2 NO

White

1993 EAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc.

, 1917

OF BUSINESS/INDUSTRY

2. DATE OF DEATH

			,	Lillia	n B. Jer	nsen				Jul			
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y		NDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		
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2, 3 should	OR	90. FACILITY NAME (If not in 1309 She	rwood	Avenue			9b. CITY, TO		imore		,		
8	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION							
ي الله	E	Maryland						Balt	Baltimore City				
Dermit	3AL	10e. STREET AND NUMBER			ET NO		16.1	10f. ZIP					
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	309 Sh	erwood Av		1450	I an idia			21239 HISPANIC ORIGIN? (Speed			
	BY	1 Never Married 2 X 3 Widowed 4 Divo			YES 2 XI		If ye	S DECENDERS, specify (	Suban, Maxic	17 (Specify Yea o Rican, atc.)			
1215-0 r attending use as the	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during life. Do NOT use retired.)							rorking	16t	. KIND OF BUSI		
O 21 oital or d for u	LET	Elementary/Secondary (0	)-12)	College (1-4 or 5 e									
AND the hospital detached to once.	5 m		12 Office Work - Printing  FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)										
A P		Jame:	s Jos	eph Slech	nter						Grace		
MARYLAND 2: should be detached for notified at once.	TO BE	19a. INFORMANT'S NAME (			19						ber, City or Town,		
		Clifton		sen		13			od Av	od Avenue Ba			
TORE e 6 may rector, par		20s. METHOD OF DISPOSITION  1 1 State   2 Cremetton 3 Removal from State   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)   MOTE   1 and Memorial   8/2/93									E 20c. LOCA		
Page al direct		21. SIGNATURE OF FUNERA		CENSEE MITTO	J Knight				8/2/9 DRESS OF F		Ba Baltim		
BALTIMORE, ler death. Page 6 may be the funeral director, page wal.		· milt	on	Knye	dL						Inc. 53		
in by remo		23. PART I. Enter the d shock, or h	iseases, or eart failure.	complication that List only one man	caused the de se on each line	eath. Do no	ot enter th	a moda ol	dying, suc	ch aa can	diac or reapire		
		IMMEDIATE CAUSE (Fir	nel		Conr	ININ	MINI	18	11111	2			
760, ted within completely ial, cremati		resulting in death)		OUE TO	(OR AS A CONSE	OUENCE OF	):		you	1			
68760, ecuted within 24 and completely fille burial, cremation, attic event, the	Z	Conversion, No.		b						V			
BOX 68 cate be execut physician and c e prior to burit er traumatic	AT	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	DUENCE OF	):						
O. BOX ertificate be ing physician rigiene prior to other traur	고 고	CAUSE (Disease or inju		c. DUE TO	(OR AS A CONSE	DUENCE OF	):			-			
P.O. Ith certify tending pal Hygien or other	CERTIFICATION	resulting in death) LAS	Т	d									
CORDS, P.O. BOX ules that the death certificate be ex signed by the attending physician a Health and Mental Hygiene prior to was any Injury, or other traum:		PART II. Other significa	nt condition	ns contributing to	death but not i	reaulting in	the unde	rlying ceu	se given in	Part I.	24a. WAS AN A		
RECORDS, requires that the dealer signed by the atl of Health and Menta shows any Injury,	DICAL										PERFORM		
RECC requires een signa of Healt	MED												
F VITAL SICIAN: The law certificate has to the State Dept i, or Item 23	IC/	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			OTHER:		OF OEATH (C				
CIA ICIA	PHYSICIAN	27. MANNER OF DEATH		1 Inpetient 2 I	INJURY	26b. TIME	4 Nursing	c. INJURY	Rasidence IT	1	SCRIBE HOW IN.		
ON OF DING PHYSI After this c death with s marked,	ВУ Р	1 Netural 5 2 Accident	Pending Investigation	(Month, D	lly, 1041/)	INJU		WORK?	2 🗌 NO				
TISIC TTENDI TTOR: A after d	8	0 0 0 0 0 0 0	Could not be detarmined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, st	lreet, factory	, office		261, LOC City	ATION (Street an or Town, State)		
	PLE		IFYING PHYS	ICIAN: To the best of	my knowledge, de	eth occurre	d at the time	, date and p	elace, and du	e to the ce	use(a) and mann		
	COMPLET		ICAL EXAMINI	ER: On the beala of a	camination and/or	Investigation	ı, in my opin	ion, death o	occured at the	e time, date	and place, and		
물물물	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	nagno	1011			29c.	LICENSE NU	MBER 20			
5 5 3 <b>E</b>	2	30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type.	Print)	- 1	100	10			
				- 0									

Maiden Surname) ce Whitley ly or Town, State, Zip Code) altimore, Md. 21239 20c. LOCATION — City or Town, Stata Baltimore Maryland ltimore, Md. 21214 5305 Harford Road Approximate Interval Between r reapiratory arrest, **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WAS AN AUTOPSY PERFORMED? YES 2 NO 1 YES 2 NO E HOW INJURY OCCURED (Street and Number or Rural Route Number, n, State) and manner as stated. lece, and due to the cause(a) and manner as stated. 29d. DATE SIONED (Month, Day, Year) 1900 Northern Pkwy. Baltimore, Md. OHMH-16 Rev 1/89

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detached	s State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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	1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAR	RTMEN	TOF E	DEAT	AND I	MENT	REG. NO			
Ų,	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH			3. TIME OF DEATH
	James P. King						монтн 0.7				AY 3 O	93	7:05 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HPIS.	_ ~	TE OF BIRTH	-		HPLACE (State or Foreign
	217-38-9459	1 Q M 2 [ F	5	1 YRS.	MONTHS	DAYS	HOURS	MIN.	NOT	7.16,194	<b>7.</b> 1	Coun	try)
18	9a. FACILITY NAME (If not institution, give :	A J1			TY. TOWN	OR LOCATI			7.10,19	T .	BALTIMORE COUNTY OF DEATH		
Œ	98. FACILITY NAME (If not institution, give street and number)  99. COUN  ST AGNES HOSPITAL  BALTIMORE								UNITOF	DEATH			
5	RESIDENCE OF DECEDENT						MOKE						
DIRECTOR	10a. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN					OR LOCATION						10d. INSIDE CITY
	MD.	MD. BAI					LTIMORE						LIMITS?
AL	10s. STREET AND NUMBER 10f. ZIP CODE								10g. C	TIZEN OF	WHAT COUNTRY?		
FUNERAL	909 ROCKHILL AVE	NUE					212	229				U.S.	Α.
S	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT C	OF HISPAN	IIC ORI				
	1 Never Married 2 X Married	FORCES?	MAR OR DATES	NO			ecify Cuba 2 X NO			ORIGIN? (Specify Yea or No— Puerto Rican, etc.)  14. RACE — America Black, White, atc			
ВУ	3 Widowed 4 Divorced			1 1 123 2			24 110	ороспу	,.			Spec	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. D	ECEDENT'S	USUAL	OCCUPATION	ON of working	i.a	1	16b. KIND OF BU	USINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u	se retired.	k done during most of working etired.)			BLIND INDUSTRIES			ES & SERVICE	
MP	12TH GRADE		MA	CHINE	OPI	ERATO	)R		_	OF MARY	LAN	D	
0	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (Fin	t, Middle, Maiden	Sumeme)		
BE (	JAMES KING						J	EAN	BAK	ŒR			
10	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADORE	SS (Street a	ind Number	or Rural F	Route No	umber, City or Tow	n, State, 2	Sip Code)	
F	LILLIAN KING			909 R	OCKI	HILL	AVEN	UE-B	ALI	IMORE,	MD.	2122	29
	20s. METHOD OF DISPOSITION 1 \( \subset{XBurlei} \) 2 \( \to \to \text{Cremetion} \) 3 \( \to \text{Removal from State} \) 4 \( \subset{Dogstion} \) 5 \( \to \text{Other (Specify)} \)  20b. PLACE AND DATE Of DISPOSITION (Name of camelery, cremetory or other place)  LOUDON PARK CEMETERY  8/4  BALTIMORE												
	4 Dogetion 5 Other (Specify) LOUDON PARK CEMETERY 8/4 BALTIMORE  21. BIGHATORE OF FUNERAL SERVICE LICENSES.												
	- M - M - M -				H	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229							
	22 DADT I Enter the diseases or complications that are add to death Day								Approximete				
	snock, or heart failure.	List only one cer	use on eech iin	ie.				<b>9</b> ,			ratory a		Interval Between
- 1	immediate cause (Final disease or condition resulting in death)  s. Cardia Airost 2º Electronichania / disaciation									Onset and Death			
- 1	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):											
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ERTIFICATION	Sequentially list conditions,	oue to	(OR AS A CONSE	EQUENCE O	F):			_					<del> </del>
8	cause, Enter UNDERLYING	ause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):								
토	resulting in death) LAST	d.											
O	NOT II OLI III III III III III III III III												
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO												
ă				<del></del>						1 _ YES 2	BNO		OF OEATH?
M													1 TES 2 NO
ż													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000					ACE OF D	EATH (Che	ock only	one)			
PHYSICIAN:	1 WES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		e 5 🗆 Re	esidence	6 🗆 OI	ther (Specify)			
到	27. MANNER OF GEATH					28c. INJ	Home 5 Residence 6 Other (Specify)  c. INJURY AT 28d. DESCRIBE HOW WORK?				V INJURY OCCURED		
BY	Hatural 5 Pending investigation	I INOIRI, L	10m/	"	M		YES 2	NO					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,								Floute Number,				
TED	4 Homicide determined building, etc. (Specify)												
J.	29e. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch												
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
- 11													
BE							29c. LICENSE NUMBER  29  1)3 YOY 3			29d. D/	d. DATE SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Stope Print)									(31/9)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Juna handson-Randell

31. DATE FILED (Month, Day, Mear)

	sk permit. Pages 1, 2, 3 should		
he hospital or attending physician.	letached for use as the burial-trans		ince.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed within 24 hours after d	ian and completely filled in by the	or to burial, cremation, or removal.	sumatic event, the medical e
requires that the death certificate	been signed by the attending physic	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	shows any injury, or other tr
ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has I	rs after death with the State Dept	n 28 Is marked, or Item 23
TO THE HOSPITAL OF	TO THE FUNERAL DIF	be filed within 72 hou	IMPORTANT: If Iter

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				YGIENE EG. NO.				
	DRA LEA			1 11 2. DATE OF DEA						
4. SOCIAL SECURITY NUMBER 212 · 58 · 381	3 1 - M 2 X F	45 YRS. MON	0 000	IF UNDER 24 HRS. HOURS MIN.		6. 48	BIRTHPLACE (State or Foreign Country)			
90. FACILITY NAME (If not institution, STELLA MARIS	HOSPICE	VALLEY RO		USON	EATH		Y OF DEATH TIMORE			
Maryland 106. Co	Baltimore	1000011,100			ville	10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO				
	Court, Apt.				234		USA			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			NIC ORIGIN? (Sp an, Puarto Rican ly:	ecify Yea or No 1 , etc.)	ity Yea or No—  14. RACE — American Indian, Black, White, etc.  Specify:  White			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use reti	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Las	0	L rine of	e Operator			Proctor & Gamble  AME (First, Middle, Meiden Sumeme)				
Danie:		hain, Sr				Agnes E. Kirby				
19a. NFORMANT'S NAME (Type/Print) Agnes E. Wa	aring	196. MAILING ADD 2107 T				timore,	MD 21234			
20a. METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  4  Donation 5  Other (Specify)	1 🗆 Buriel 2 😿 Cremation 3 🗆 Removal from State									
1 8200	21. SIGNATURE OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF FUNERAL SERVICE LICENSE COMMENT OF									
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent cond	d					WAS AN AUTOPSY PERFORMED? YES 2 KNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1  YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  OTHER:										
1 TYES 2 NO  27. MANNER OF DEATH	TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT									
1 Natural 5 Pending 2 Accident Investigat	In Month, Day, Mear)	MORK? WORK?  M 1 YES 2 NO  20s. PLACE OF INJURY — At home, farm, street, factory, office								
3 Suicide 8 Could no 4 Homicide determine	building, etg. (Spe	building, etg. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	HYSICIAN: To the best of my some									
29b. SIGNATURE AND TITLE OF CERT	TIFIER	29c. LICEN D 1			MBER	29d. DATE S	ATE SIGNED (Morith, Day, Year) 7. 28 - 93			
30. NAME AND ADDRESS OF PERSON	2300 Dulane	y Valley R		Towson,	Md 212					
31. DATE FILED (Month, Day, Year) AUG 0.9 1993	4. REGISTRAR'S SIGN	IATURE								

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGI							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	DAY - C	3. TIME OF DEATH					
	Catherine Moore  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	+	No 9	3 11 pm "					
	213-52-7848 1 M 2 XF 83 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 715)		Mary and					
TOR	9a. FAGLITY NAME (If not institution, give street and number)  Sinai Hospital  Bestimore		Bal	timore					
DIRECTOR	10g STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY					
FUNERAL	19800 redardale Rd 101. ZIP CODE 2/2/	5	10g. CITIZER	N OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT EVER IN U.E. A DECEDENT OF HISPA FORCES? 1 YES 1  13. WAS DECENDENT OF HISPA If yee, specify Cuben, Maxic 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YES 2 NO Specify County 1 YE	an, Puarto Rican, atc.	Yes or No- 14	RACE — American Indian, Black, White, stc.					
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KINO OF	BUSINESS/INDUS	TRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)								
BE COI	Charles S. Whiting 18 Modile, Last) 4 Ve	AMEJ(First, Middle, Mei	den Surname) NGSN						
10	190. INFORMANT'S NAME (Type/Print) Cha-les W. Mare 4717 Blagden To	Route Number, City or N. W.	Town, State, Zip Co	into DC 2001					
	200 METHOD OF DISPOSITION  1 A Buriel 2 Cremation 3 Removal from State  1 Donation 5 Other (Specify)	8/3/93	LOCATION - CITY	portown, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  PLYOTTIC  TO THE AND ADDRESS OF F  A 22. NAME AND ADDRESS OF F  A 300 WG	H- Wes	Face						
	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, sur shock, or heart failure. List only one cause on each line.								
	immediate cause (Fine) disease or condition resulting in death) . Cerebral vascular acc	cident	or av	interval Batween Onset and Death					
N	securation of a person ASCVD due to?								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING								
IFIC	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):		,						
ERT	resulting in death) LAST								
AL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
DIC	<u>Seizure</u>		FORMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC		_   '		1 [] YES 2' NO					
AN	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH OF								
SICI	25. PLACE OF OEATH (C EXAMINER? 1 VES 2 NO 2 FROUTPETER: 3 DOA 4 Nursing Home 5 Residence	1	Sinai	HASA					
됩	27. MANNER OF OEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HO		ED					
BY	2 Accident Investigation M 1 YES 2 NO								
	3 Suicide s Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LOCATION (Str. City or Town, St	et and Number or i ate)	Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and durone)  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the			suse(a) and manner as stated.					
BE C	296. SIGNATURE AND TITLE OF CERTIFIER MEDICAL 29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)					
TO B	Judy throwlish Nowey Housestaff		1 7	28/93					
	Judy Nguyen 6763 old Waterloo Rd. Apt	4437,	Baltin	nore MD21227					
3	31. DATE FILER Month, Der, Year)  32. REGISTRAR'S SIGNATURE  ALIC O 2 1993  Author Devident Angletic								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 22290

	Middle, Last)								2. DATE OF E	DAY		YEAR	3. TIME OF DEATH
BOBBY					RPH				07	29	199	3	7:39
4. SOCIAL SECURITY NUMBER 250 - 58 - 0089	9	5. SEX	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, De) 12-29	( Year)		S. BIRTHP	
9a. FACILITY NAME (If not insti	titution, give si	treet and number)			9b. CITY	, TOWN (	OR LOCATI	ON OF DE	ATH	1	9c. COUN	TY OF DE	
443 WHITR RESIDENCE OF DECE 100. STATE  MARYLAND	IDGE	ROAD			BA	LTI	MORE					100	
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	R LOCAT	TION			170			10d. INSIDE CITY LIMITS?
				BA	ALTI		_			77			1 X YES 2 N
443 WHITRI	DGE	AVE				101	212]			77			HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X M	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2/ IF YES, GIVE WAR OR DATES					S ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerlo Rican, etc.)  1  YES 2 NO Specify:					14. RACE -		
15. OECED	DENT'S EDUC	CATION	16a. [	ECEOENT'S	USUAL O	CCUPATION	ON		16b. K/N	D OF BUSII	NESS/INDI	_	<u> </u>
(Specify only it		College (1-4 or 5	+)	(Give kind of the Do NOT ut	work done se retired.)	auring mo	st of workir	ng	100				
17. FATHER'S NAME (First, Mich												. MA	AILING
		НҮ							ME (First, Middle L KIR				
19a INFORMANT'S NAME (Top				19b. MAILING	ADDRESS	S (Street o			Route Number, C	_		Code)	
SARA MURPH	Υ			443					BALT				3
29e. METHOD OF DISPOSITION 1.   Burlal 2   Cremation 4   Donation 8   Other (S	1 3 🗆 Reme	oval from State	20b. PLACE	EAND DATE	OF DISPUS	ITION (Na	ame of		OATE		ATION — C	City or Tow	n, State
21. SIGNATURE OF FUNERAL		CENSEE	1				NO ADDRE	SS OF FAC		UNLI	1110	1\ L 9	10
1/9/10	1 1	to 4	1.	21	W	Μ.	C. M	IARC	H F.H	. 11	01	E. N	NORTH A
if any, leading to immedi-	disease or condition												
that initiated events resulting in death) LAST		DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
		Q											
DARK II. On an about the	t condition	as contributing to	deeth but not	reculting	in the ur	derlyin	g ceuse (	given in	Part I. 24a	. WAS AN A			
PART II. Other algolficant	t condition	s contributing to	deeth but not	reculting	in the ur	nderlyin	g Ceuse (	given in		. WAS AN AN PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
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PART II. Other algolficant		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHEI	28. PI ₹: sing Horr	LACE OF D	EATH (Chi	ack only one)  8  Other (Sp	PERFORM YES 2	IED?		AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?  1 S YES 2 NO  27. MANNER OF DEATH  1 Minutal 5 P	MEOICAL	HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHEI	28. PI	LACE OF D	EATH (Che	ack only one)	PERFORM YES 2	IED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Accident Im  3  Suicide 8 Ca  4  Homicide de	MEOICAL	HOSPITAL: 1   inpatient 2: 20e. DATE 01 (Month, L	☐ ER/Outpetient	3 DOA	OTHEI 4   Nur IE OF JURY	26. PI R: sing Hom 28c. INJ WC	LACE OF D	EATH (Che	ack only one)  8  Other (Sp	PERFORM YES 2	IED?  NO  UNITY OCC	SUREO	AMALABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 N
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 22291

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DICAL	0	ma	I donles	10						PERFORME	D?	AWA	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
N: ME	(	gne	uphonit	15							Ì	1 [	YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	R/Outpatien	n 3 🗆 DOA	OTHER:	6. PLACE OF DEAT			iclfy)			
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 P  2 Accident	ending	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIN	JURY	INJURY AT WORK?		d. DESCRIB	E NOW INJU	JRY OCCURE	ED	
	3 Suicide 6 C	could not be etermined	28a. PLACE OF I building, etc	NJURY — A c. (Specify)	it home, farm,	street, factory,	office	261	City or Tow		Number or R	tural Floute	Number,
COMPLETED	former anny		ICIAN: To the best of m									use(a) an	d manner as stated.
O BE C	29b. SIGNATURE AND TITLE	2 7	Dole	m	2		29c, LICENS	SE NUMBER	2	2	9d. DATE SK	30	onth, Day, Year)
	MARC A. KAP	LAN,					OO/GLEN	BURN	IIE, N	MARYL	AND 2	1061	
	AUG 2 199		12 REGISTRAN										
	INO	V 7	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	1000	100	4 14							

FOR

1 - STATE REGISTRAR	SIAIL OF I	CI	ERTIF	ICATE O	F DEATH		EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE OF D	DEATH DAY	MEAD	3. TIME OF DEA	TH	
KIMANI		MOR	RIS			MONTH 7		YEAR QQQ	7:21	P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH		HPLACE (State or F	oreign	
038-36-3822	1 ← M 2 □ F	21	YRS.	MONTHS DAYS	HOURS MIN.	1-22-		R	hode Isl	and	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. C0	OUNTY OF E	NTY OF DEATH		
MARYLAND GENERAL HOSPITAL BALTIMORE											
MARYLAND GEN RESIDENCE OF DECEDENT 10a. STATE 10b. COUN RHODE Island	TY		I the CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CIT		
RHODE Island	Provider	rce							LIMITS?		
	11041001				IOI. ZIP CODE		100.0	TIZEN OF	1 TYES 2 WHAT COUNTRY?	NO	
22 Davidson 1			02907					J.S.A			
10s. STREET AND NUMBER  32 Dartmout  11. MARITAL STATUS  1 TV Never Married 2 Married	32 Dartmouth Avenue  11. MARITAL STATUS  12. WAS DECEDENT E			VER IN U.S. ARMED 13. WAS DECENDENT OF HISPA						llen.	
3 Widowed 4 Divorced	FORCES? 1	YES 2 THE PROPERTY OF DATES X	'ES 2 NO If yes, specify Cuban, Maxican,				n, Puerto Rican, etc.) B				
	15. DECEDENT'S EDUCATION			16a. DECEDENT'S USUAL OCCUPATION				INDUSTRY			
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			work done during i se retired.)	nost or working						
12	12			oloyed		1 4					
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)											
Julio Holley Coleen Morris											
19a. INFORMANT'S NAME (Type/Print)					t and Number or Rural						
Coleen Morris			32Dartmouth Ave. Providence, Rhode Isl								
20a. METHOD OF DISPOSITION 1X Burial 2 □ Cremation 3 □ Ra	moval from State	20b. PLACE . cemetery, cre	AND DATE	OF DISPOSITION ( other place)	Name of	DATE					
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	1X Burial 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  North Burial Ground  7/30 Providence, I								Rhode I	slar	
· michael b.	moule	1			Carrollto	Mar			1 Servi	-	
disease or condition resulting in death)  a.   Learner Wound Chest and Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):											
resulting in death) LAST	d										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	one contributing to	death but not i	reaulting	in the underly	ing cause given in		. WAS AN AUTOPS PERFORMED? TYES 2 NO	5Y 241	b. WERE AUTOPSY I AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE	
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)		_			
EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	. □XooA	OTHER: 4   Nursing He	ome 5 🗆 Residence	8 Other (Spe	ecify)				
27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIR	NE OF 28c. I	NJURY AT VORK?		E HOW INJURY	OCCURED		-	
1 Netural 5 Pending 2 Accident Investigation	07-2	5-1993	6:5	9PM 1	YES 2 X X O	SUBJ:	ECT WA	S SH	TOT		
3 Suicide a Could not be determined	28a. PLACE O	etc. (Specify)	rref	street, factory, of	lice		N (Street and Num wn, State)		Route Number, M. ST./B	D _{T-7}	
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHY 2XXMEDICAL EXAMI	SICIAN: To the best of a	my knowledge, de	eth occur	red at the time, de		e to the cause(a)	and manner as	eteted.			
296. SIGNATURE AND TITLE OF CERTIFIE  THE LEVEL STATE  30. NAME AND ADDRESS OF PERSON W	King ME	2			O . C . M .	E	29d. D	07-2	6 – 1993	)	
THEODORE N	1. Kilb	1			reet, E	Baltim	ore, M	aryl	and 2	120	
AUG 02 1993	gulia David	AN SIGNATURE	.02		13						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		ice.
,	e 6 may be retained by the	ector, page 5 should be de		must be notified at o
	24 hours after death. Pag	y filled in by the funeral dir	ttion, or removal.	the medical examiner
	tificate be executed within	g physician and completely	ene prior to burial, crema	ther traumatic event,
,	w requires that the death cer	been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	NDING PHYSICIAN: The lan	R: After this certificate has	er death with the State Dep	is marked, or item 23
	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTO	be filed within 72 hours after	IMPORTANT: It Item 28

AUG 0 2 1993

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH AND I	MENTAL HYGIEN	E -	22293			
1. DECEDENT'S NAME (First, Middle, Last Bridget		olan		2. OATE OF OEATH		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 213-48-2513	1 □ M 2 Ø F 97	rs. lest birthday) IF UNDER MONTHS WONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)  Treland			
90. FACILITY NAME (if not institution, ghann) 1158 Newfield I	e street and number)	9b. CITY,	Baltimore		9c. COUNTY				
TISS NewField I  FRESIDENCE OF DECEDENT  10-ARTHE 10-B. COU  10-ISTRESS AND NUMBER   10-B. COU  11. MARITAL STATUS  1. NewField I	NTY	Baltimon	R LOCATION CE			10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
10-151758 ANALYMETield F	Rd.		101. ZIP CODE 21207		USA	OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS OECEOENT EVER IN U. FORCES? 1   YES 2 IF YES, GIVE WAR OR DATE	2 NO H	yes, specify Cuban, Mexica  YES 2 NO Specify	n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify:			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION 16 ade completed) College (1-4 or 5+)	(Give kind of work done of life. Do NOT use retired.)  Homemaker	CUPATION uring most of working	16b. KIND OF BU					
17. FATHER'S NAME (First, Middle, Last) James Mc Donnel	1		W W	ME (First, Middle, Maider					
190. INFORMANT'S NAME (Type/Print) Catherine Moyni	han	196. MAILING ADDRESS	(Street end Number or Rural	Route Number, City or Tox	vn, State, Zip Co				
20e, METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 R  4 Donation 5 Other (Specify)	New	LACE AND DATE OF DISPO Detary, crematory or other place. Cathedral	OSITION (Name	OATE 20c. L		re, Md.			
21. SIGNATURE OF FUNERAL SERVICE	A German		name and address of fa avid J. Webs	CILIT					
23. PART I. Enter the dieeeees, ehock, or heart faily	complications that caused the List only one cause on each	ne death. Do not enter							
disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	If eny, leeding to immediate								
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	resolution	Sumphi	65					
PART II. Other significant conditions	contributing to death but	not resulting in the un	derlying cause given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
					<i>C</i>	1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Outpati	ent 3 DOA 4 Num	28. PLACE OF DEATH (C) 8: sing Home	6 Other (Specify)					
2 Accident investigation		28d, DESCRIBE HOW							
3 Suicide 6 Could not 4 Homicide determined	be building, etc. (Specify)			281, LOCATION (Stree City or Town, State	9)				
(Check only one) MECHAL EXAM	IYSICIAN: To the best of my knowled								
29b. SIGNATURE AND TITLE OF CERTI	1/m	Phase	29c. LICENSE NU	TG9	29d. DATE S	SIGNED (Monte), Day, Year)			

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	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hann 99 abenten bener fatteren der able an enterentable meren aben mentlen bereiten bereiten ber eine bereiten
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAI	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Nei	מהמט	2		2. DATE MONTH	OF DEATN		54	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  578-03-0908  98. FACILITY NAME (If not institution, give stre	5. SEX 6. AGE (III	yrs. lest birthdey)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	/ Month	OF BIRTH (, Day, Year)	08	BIRTH Country GE	ORGIA
TOR	HOLY CROSS HOSPITA			96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING				9c. COUNTY OF DEATH  MONTGOMERY		
DIRECTOR	MARY LAND MONTGOMERY			10c. CITY, TOWN OR LOCATION SILVER SPRING						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER  1121 UNIVERSITY BL						10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 M Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 NEVER IF YES, GIVE WAR OR DATES			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Price Rican, etc.) 1 ☐ YES 2 ☐ NO Specify:			? (Specify Yes licen, etc.)	or No 14	Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	CEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.)						
A N	17. FATHER'S NAME (First, Middle, Lest)		SALESMA	.N	40 4407445040 444			URANCE		
BE C(	GEORGE NEWMAN				18. MOTHER'S NA	IA NEU		Surname)		
10	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural			n, State, Zip Co	ode)	
-	MELVYN L. NEWMAN				OK AVENU	IE, PO	_			
20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removal from State 4 Deneiton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of 7/29/9 3 PATE Completely cremetry or other place)  KING DAVID MEMORIAL GARDEN  20c. LOCATION — City or Town, State FALLS CHURCH, V										
	21. SIGNATURE OF FUNERAL SERVICE LICE	Otett	Lemye.	STEIN 232 C	HEBREW ARROLL S	MEMOR	ZIAL F	UNERAL	. HO	ME, INC.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of shock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						lac or reepl	ratory arres	ŧ,	Approximata Interval Between Onset and Death  2 mo 2 mo
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death bu	t not resulting in	the underlying	ceuse given in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO
ZAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	eck only one	)			
YSI	1 U YES 2 DE NO	HOSPITAL:		OTHER: 4 - Nursing Nome	5 - Residence	6 Other	(Specify)			
	27. MANNER OF DEATN  1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	RK?	28d. OE\$	CRIBE NOW II	JURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY - building, atc. (Specifi	- At home, farm, st	M 1 _ YES 2 _ NO , term, streel, fectory, office			TION (Street a r Town, State)	nd Number or	Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the beels of examination	ige, death occurred	I at the time, date	end place, end due	Io the caus	e(e) end men	ner ee atated.	euse(e)	end manner as stated,
H	290 SIGNATURE AND TITLE OF CERTIFIER	ermp			29c AICENSE NUI	MBER / ()		29d. DATE S	IGNED (	Month, Dey, Year)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, ITYPE, ITYPE)		wheat	Yon,	m	D	20	0906
5	AUG 0 2 1993	32. REGISTRAR'S SIGNAT	URE OPPOSE							

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BALTIMORE: MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for c		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	표	THE F	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	PORT	
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Micidle, Last)	)	/ .				DEA		2. DATE OF	OEATH		107	3. TIME OF DEATH
	KUT						Z		92	10 Am "			
	4. SOCIAL SECURITY NUMBER				IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF I	BIRTH		8. BIRTHP Country)	LACE (State or Foreign
	335 07 95%	1   M 2   F	79	YRS.					April		1914		icago, Il.
or I	9s. FACILITY NAME (If not institution, give	CONTROL CALL			9b. CITY	, TOWN O	R LOCATI	ON OF OE	EATH		9c. COU	NTY OF OE	ATH
DIRECTOR	Bedford Court No	ursing Hor	ne		S	ilve	r Sp	ring			Mo	ntgon	ery
JEC	10a. STATE 10b. COUNT	TY			Y, TOWN								10d. INSIDE CITY
	Maryland Mor	ntgomery		Sı	lver	Spr	ing						LIMITS?
IAL	10e. STREET AND NUMBER					10f.	ZIP CODI	E			10g. CIT	IZEN OF WI	IAT COUNTRY?
Ä	llll University						209	02			Uni	ted S	States
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN' FORCES? 1	T EVER IN U.S. ARI	MEO	13.	WAS DECI	ENCENT C	F HISPAN	IIC ORIGIN? (S	pecify Yea 1. etc.)	or No-	14. RACE - Black,	- American Indian, White, atc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES		Specify				Specify	
ETED	15. DECEDENT'S ED	UCATION			USUAL O				16b. KIN	D OF BUS	INESS/INE		astan
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	- Effe	ve kind of Do NOT u	work done se retired.)	during mos	st of workin	g					
MPL		2	H	omem	aker				Но	me			
COMPL	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First, Middl	e, Maiden	Sumeme)		
BE	Joseph Cohn								e Bish				
5	19a. INFORMANT'S NAME (Type/Print)		- 1						Route Number, C				
	Joelle Zimbalist		20b. PLACEA					ver	Spring			_	
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, crer	matory or o	ther place)				7-29-9			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	Mt. L	enari			D ADDRES			S A	ue i p	III., MO	•
	· Mant	5							n Fune			S	
-	23. PART I. Erker tha diseasas, or	Complications that	onuned the de-	ath Da		F	alls	Chu	rch, V	a. 2	2046		A Telling Same
	MIDCK, Dr Reart Tellure.	Liat only one cau	se on each line.	atii. Do i	not anter	tha mot	da or dyi	ing, suci	n sa cardiec	or reapi	ratory sri	rest,	Approximata interval Between
	disease or condition									Onset and Death			
	resulting in death)	a. OUE TO	OR AS A CONSEC	NENCE O	-2011 F):	سرر	150	ee.	DINA				10 ~
z		PEPTIC VICER							28				
티	Sequentielly list conditions, if any, leading to immediata	OUE TO	OR AS A CONSEC	UENCE O	F):								
5	CAUSE (Disease or injury	C. DUE TO	OR AS A CONSEO	USUSE O									
Ē	that initiated events resulting in death) LAST	DOE 10 1	OH AS A CONSEC	DENCE U	r);								
CERTIFICATION		d											1
ICAL	PART II. Other significant condition				in the un	nderlylng	cause g	lven in	Part i. 24s	. WAS AN			VERE AUTOPSY FINDINGS
EDIC	ARKIN		ンラのよく	6					16	YES 2			COMPLETION OF CAUSE OF DEATH?
Σ	DEMEN.	TIA							_			- 1	YES 2 NO
A N		1											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	r.			eck only one)				
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	1 Natural 5 Pending	(Month, De	ly, Venr)	IN	JURY M	WO		NO I	28d. DESCRIE	DE HOW IN	IJUNY OCI	COMED	
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hor	ne, term,	atreet, tect				281. LOCATIO	N (Street n	nd Number	or Rural Ro	ute Number,
E	4 Homicide determined	building, i	etc. (Specify)						City or To	wn, State)			
P	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, dea	th occurr	ed at the t	lma, date	end placa,	and dua	to the cause(a	) and man	ner en stat	led.	
COMPLETED	one) 2 MEDICAL EXAMIN												and manner as stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1 /	1	1			290 LICE	NSE NUM	IBER		29d. DAT	E SIGNEO (	Month, Day, Yeer)
TO B	/ Xh h	Inst	en m	5)					485		17	12-8	A3
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print)	0/		0	Charles and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa			1	
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	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH	I AND N	IENTAL HYGIEN			
- 0	1. DECEDENT'S NAME (First, Middle, Last)		1	-		2. DATE OF DEATH		3. TIME OF DEATH	
		RANSON OSGI	200			July 3/	1997	EAR 830 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (layyrs.			ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)	
1 8	217-01-1982	1 □ M 2 🔀 F 82	YRS. MONTH	B DAYS HOURS	MIN.	Sept 5, 1	910	Maryland	
-	9e. FACILITY NAME (If not institution, give str	eet and number)	9b. C	ITY, TOWN OR LOCAT	TION OF DEA	ATH	9c. COUNT	Y OF DEATH	
2	7303 Brompton Rd	•		Woodmoor			Ba1t	imore County	
S	100. STATE 10b. COUNTY		10d, INSIDE CITY						
7303 Brompton Rd. Woodmoor Baltimo  Residence of Decedent  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Maryland Baltimore Co. Woodmoor									
Tital / Tana   Daletmole oo:									
106. STREET AND NUMBER  7303 Brompton Rd.  107. ZIP CODE  109. CITIZEN OF WHAT COU USA  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1   Yes   2   3 NO 11. MARITAL STATUS  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Americal Black, White, e Black, White, e									
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2				C ORIGIN? (Specify Yes	or No — 14	I. RACE — American Indian, Black, White, etc.	
BY I	1 Never Married 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATES	Zino	1 YES 2 XNC		, Puerto Rican, elc.)		Specify:	
	15. OECEDENT'S EDUC	ATION 40-	DEGEOGRAFIA MANAGE					White	
1	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	OECEOENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of work	ing	16b, KIND OF BUS	SINESS/INDUS	TRY	
P	12 years	College (1-4 or 5+)	ner & Bea	autician		Garriso	n Reau	ty Shon	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nor a bec		THER'S NAM	E (First, Middle, Maiden		еў впор	
ш	John Rausch			T	heres	a Unknown	,		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR			oute Number, City or Tow	n, State, Zip Co	ode)	
임	Miss J. Carol Osg	ood	1355 W.	lst St.	Ba1t	imore, MD	212	11	
	20e. METHOD OF DISPOSITION 1 \( \tilde{\Delta} \) Buriel 2 \( \tilde{\Delta} \) Cremellon 3 \( \tilde{\Delta} \) Remo	val from State 20b. PLAC	CE AND DATE OF DISE	OSITION (Name of		OATE 20c. LO	CATION - CIT	y or Town, Slate	
	4 Donation 5 Other (Specify)	Lakê		morial Pa			esvill	e, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		2. NAME AND ADDR		uneral Di:	rector	s. Inc.	
	John K	Hymoly				d. Randa			
	23. PART Enter the diseases, or co	omplications that caused the let only one cause on each if	daeth. Do not an	lar tha moda of dy	lng, auch	as cardiac or reapi	ratory arres		
1	IMMEDIATE CAUSE (Final	A A	ing.	_	1			Interval Batween Onset and Death	
	disease or condition resulting in death)	orterio sclas	to Carlin	boxus 0	har con	9			
		DUE TO (OR AS A CONS	SEQUENCE OF)						
NO	Sequentially list conditions,	DUE TO (OR AS A CONS	SECUENCE OF						
AT!	If any, leading to immediata cause, Entar UNDERLYING	202 10 (011 NO X 0011)	SECOLINCE OF J.						
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEOUENCE OF):					1	
CERTIFICATION	resulting in death) LAST								
2	PART II. Other significant conditions	contribution to death but no	at reculting in the	underlylen eeue-	-L L- P				
8	Acc		resulting in the	undarrying ceuse	given in P	art i. 24s. WAS AN PERFOR	******	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 YES 2	DING	OF DEATH?	
2						-		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF	DEATH (Chec	k only one)			
Sic		HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 DA					· · · · · · · · · · · · · · · · · · ·	
Ŧ	27. MANNER OF DEATH	25s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		28d. DESCRIBE HOW II	UURY OCCUP	REO	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	□ NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	home, lerm, streel, f	actory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
	4 Homicide determined					Ony or lown, State)			
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge,	death occurred at Ih	e time, date end plac	e, end due to	o the cause(s) and man	ner es stated.		
COMPLETED		: On the besis of examination end/o							
ш	286 SIGNATURE AND TITLE OF CERTIFIER			29c. LIC	ENSE NUME	DER	29d. DATE S	IGNEO (Month, Day, Year)	
TO B	REGION Jelan	Depoty Madicap EX		- 0	0108	4	> Juli	31,1997	
F	Kenner of ACI	COMPLETEO CAUSE OF DEATH (IT	TEM 27) (Type, Print)	1	01-		1		
	31. DATE FILEO (Montri, Day, Year)	enders 111) 7.	131 LIGHT	or Pro	4/20				
12	AUG 02 1993	22 BEGISTRAR'S SIGNATURE	102						



93-4511-510 TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MA				F HEALTH AND	D MENTA	AL HYGIENE REG. NO.	93	2	2229	7
1. DECEDENT'S NAME (First		MONT						EAR	. TIME OF DEA	VTH .		
JUAN J	OSE	MAGANA		to a black dead		ORTEGA		7 29	9		2:18	A "M
235-72-8014	4	1 M 2 F	23	Yns,		AYS HOURS MIN	N. (Mon	E OF BIRTH (1th, Day, Year)		Mex	ACE (State or F	Foreign
90. FACILITY NAME (# not in UNIVERSIT						FIMORE C		9	c. COUNTY	OF DEA	тн	
RESIDENCE OF DEC					D2.12							
Md .						OCATION				12	Od. INSIDE CIT LIMITS?	
2126 Turk		int Road	£55			101. ZIP CODE	21221	1	-	exic	AT COUNTRY?	
_	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yo	DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECENDENT OF HIS DECEND	xican, Puerto	IN? (Specify Yes or Rican, etc.)	No- 14.	RACE - Black, \ Specify:	- American Ind White, atc. Mexic	
(Specify onl	CEDENT'S EDU ly highest grade		160	Give kind of wo	ork done durin	PATION ng most of working	16	b. KIND OF BUSIN	ESS/INDUST	TRY		
Elementary/Secondary (0	0-12)	College (1-4 or 5+)		Toculat		3-11-11		Canat				
17. FATHER'S NAME (First, M	Aiddle, Last)			Insulat	,01·	18. MOTHER'S	NAME (First,	Const:		on_		
Enrique Ma	gana					Latter to the same	gio Or		,			
196. INFORMANT'S NAME (1						Point Ro	ural Route Nun	mber, City or Town, S		122:	1	
20s. METHOD OF DISPOSITION  1 Youriel 2 Cremetion 3 Removal from State 4 Donation 5 Other Force   Part   Removal from State   20c. LOCATION - City or Town, State   Date					, state Alajer	xico						
21. SIGNATURE OF FUNDA	ary ary	L. Ka	ufn	nen	Ga. NAM	ME AND ADDRESS OF ITY L. Kau 195 Main S	ıfman	Funeral	Home	C	1227	,
Sequentially list condit if any, leading to imme cause, Enter UNDERLY CAUSE (Disease or injuthat initiated events	diata ING ury	c	R AS A CO	NSEQUENCE OF)	):							
PART II. Other significe	-	d	eath but r	not resulting in	the under	rlylng ceuse given	in Part I.	24s. WAS AN AU			PERE AUTOPSY F	
								PERFORME  1  YES 2		0	MAILABLE PRIOR COMPLETION OF F DEATH?	CAUSE
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	86. PLACE OF DEATH	(Check only o	one)				
1 XYES 2 NO		1 Inpetient 2	<u> </u>	nt 3 🗆 DOA	4 🗌 Nursing	Home 5 🗆 Residen	ics 6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH  1,Netural 5	Pending	28a. DATE OF IN (Month, Day,	JURY Year)	26b. TIME INJU	IRY	C. INJURY AT WORK?		EŞCRIBE HOW INJU	JRY OCCUR	ED		
2 Accident 3 Suicide 6	Investigation Could not be	7 - 29 - 1 26s. PLACE OF 8 building, etc	NJURY - A	12: At home, farm, str	reet, factory,	office 2 NO	PAS 281, LO	SENGER CATION (Street and				OM CRUCI
4 Homicide	determined			ON RO	AD		1841	KEYAPO	ıR†∨	ROA	D	
000)		ER: On the best of my								huee(a) a	ind manner as	stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	The				O . C . N	Act of the last	2			fonth, Day, Year)	)
30. NAME AND ADDRESS OF	PERSON WH	LORTUP	OF DEATH	(ITEM 27) (Type, f	Print)							
AUG 0 2 19		32. REGISTRAR'S	SIGNATUR	RE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within acronomic after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6
2	DR A

burial-transit the hospital or attending physician. for use as the detached e 6 may be retained by the rector, page 5 should be di n by the fi within 24 hours after filled in by 1 6 cremation, completely executed burial, and prior to attending physician ntal Hygiene prior to

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DIRECTOR: After the hours after death v

THE HOSPITAL O THE FUNERAL D filed within 72 h MPORTANT: If II

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be filed within 72
IMPORTANT: II

MARYLAND 21215-0020

Pages 1, 2,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR MELVIN CLIFFORD July 30, 1993 PERKINS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 1XXM 2 [ 69 YRS. 212-26-6922 Aug 7, 1923 Maryland 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Deaton Medical Center Baltimore City Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 W. Franklin St. 21201 USA WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— I4. RACE — American Indian, If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 T NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Disabled 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumarne) Arthur F. Perkins Elsa L. Puegner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Arthur L. Perkins 1901 Suffolk Rd. Finksburg, MD 20e. METHOD OF DISPOSITION
tXXBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 ☐ Donation 5 ☐ Other (Specify) _ Woodlawn Cemetery 8-3 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 23. PARTYL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each "less" Approximata shock, or heart fellure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition OUE TO (OR AS A CONSCOUENCE OF): resulting in death) Hypertensive CERTIFICATION Sequentisity list conditions, Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DYE'TO (OR AS A CONSEQUENCE OF): ceretorovascul DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 284. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 12 Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER P Malita, My attendo 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 34974 10 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Pript) 7154 Cradle rock way, co humbia no 21041 P. MEHTA 31. DATE FILED (Month, Day, Year) AUG 02 1993 32 ME CISTRAR'S THAT THE

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ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAM	_		- OL		Davi		DEA	П		REG. NO		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY	Leon				Payı	_				29/9	3		
212 07	0026	5. SEX 1 XM 2 F	6. AGE (In yrs. lest	birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	OF BIRTH	08	S, BIRTI Count	PLACE (State or Foreign (Y))
50. FACILITY NAME (	. Fulto	street and number) n Avenue	9				MO L				9c. COU	NTY OF D	
610 N RESIDENCE OF 10a. STATE Md.  10a. STREET AND NU 610 N  11. MARITAL STATUS	10b. COUN	TY		10c. CI1	гу, тожн Ва1	or Locat	ore			-			10d. INSIDE CITY LIMITS?  5 XYES 2 NO
100. STREET AND NU 610 N		n Avenue	9			10f	zie cobi	121	7		10g. CIT		WHAT COUNTRY?
3 Widowed 4		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N			If yes, spi			an, Puerto	N? (Specify Ye Rican, etc.)		14. RACI Black Speci Afro	E — American Indian, k, White, etc.
	S. DECEDENT'S EDI city only highest grad dary (0-12)		(Giv	e kind of	work done se retired.)	OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY							
L LCMOII	Α.	Payne	9				18. MOTE	ver's Na ula	ME (First	Middle Maiden ICCOY	Surname)		
Glady	s Smìth		196.	MAILING 014	Fa	s (Street a 11st	nd Number aff	or Rural Ma	Route Num	ct.	m. State Zir. Balt	Code)	Md. 21209
20a METHOD OF DIS F Burial 2 Cri 4 Donation 5		noval from State	20b. PLACE AI	ND DATE	OF DISPOS	SITION (Na.	me of		DAT	E 20c. LC	Balt	City or To	wn, State Md
21, SIGNATORS OF FU		a.Mos	ton		J	ames		Mo	rto	n & S		M	d.21217
IMMEDIATE CAUS disease or condition resulting in death Sequentially list of any, leading to it cause. Enter UNDICAUSE (Disease of that initiated even resulting in death)	onditions, mmediate ERI/ING or Injury	DUE TO (	OR AS A CONSECU-	UENCE O	the	W.	5 0	AT LS	DE RAY				Onset and Death
PART II. Other sig	nificant condition	ns contributing to	death but not re	sulting	In the ur	nderlying	j cause g	iven in	Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFER	RED TO MEDICAL	HOSPITAL:					ACE OF DE	EATN (Ch	eck only or	10)			
1 TES 2 N		1 🗆 Inpetient 2 🗆			-		5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
	5 Pending Investigation	28a. DATE OF I (Month, Da		28b. TIM INJ	IE OF JURY M	28c. INJL WOI 1   Y		NO	28d. DES	CRIBE NOW I	NJURY OCC	CURED	
2 Accident Investigation Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, tarm, street, factory, office 28f. LOCATION (Street and City or Town, State)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and							and Number	or Rural A	oute Number,				
29a. CERTIFIER (Check only one) 2		ER: On the bast of ex											end menner es stated.
29b, SIGNATURE AND							29c. LICE			)			(Month, Day, Year)
MINI	11	WIDE					1)	77	1 le	3	▶ >	3	293
		10 COMPLETED CAUSI		27) (Type,	, Print)								
AUG 0 2	1993	gular Dando	S STATUTE			-1-							

MARINE 1993 John Lines Holes

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the	en signed by th	of Health and N	shows any inj
SIAN: The law	rtificate has b	he State Dept.	or Item 23
NDING PHYSIC	: After this ce	r death with t	Is marked,
L OR ATTER	. DIRECTOR	hours after	item 28
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

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Robert

L. mour, mD

32. REGISTRAR'S SIGNATURE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) marcus

93 22300 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Eunice Violet Parry 1993 6:50 P M PARRY Eunice July 28 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 213 18 9715 1 M 2 F 8-26-1920 Virginia Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Essex#Rosedale Franklin Square Medical Cnt Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1921 Midland Road 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No -14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAS OR DATES BY 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Molt (Malotjuschenko) Ola Malle BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1921 Midland Rd, Dundalk, MD 21222 Arthur Parry 20e. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSER ON 8.10 wade,Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD 21201 smary 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failure. List pnly ona cause on each lina. intarval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition Pancreus avernoma 10 months OF resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 KNO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE DF DEATH (Check only one) HOSPITAL:
1) Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 1 NO ng Home 5 🗆 Rasidence 8 🗆 Other (Specify) 4 I Nurs 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HDW INJURY DCCURED 1 Natural 2 Accident 5 Pending Investiga 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, streel, fectory, office building, stc. (Specify) 3 Sulcide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

6997

MEVAIT Blud STC 26

29d. DATE SIGNED (Month, Day, Year)

07/29/93

Baltmette 2122

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFIC	CATE OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
8	KEVIN A. POE		8 1	93	м			
- 3		ECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIR						
- 9	173-54-9983   15x 2   F   33 YRS.   1	ONTHE DAYS HOURS MIN.	(Morith, Day, Year)	1959 DH	ILADELPHIA			
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF D				
5	1516 LOCKWOOD ROAD	BALTIMORE		100000000000000000000000000000000000000				
5	RESIDENCE OF DECEDENT	DADITHORE						
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
	MARYLAND BA	ALTIMORE			LIMITS?			
A	10e. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?			
H	1516 LOCKWOOD ROAD	21218		USI	A .			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		E — American Indian.			
	1 Nover Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica	n, Puerto Rican, etc.)	Bleck	k, White, etc.			
B	3 Wildowed 4 Divorced	T TES AL NO Specifi	·.	Spec	Black			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of wo	SUAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY				
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	rk done during most of working retired.)						
4								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
ш	WILLARD POE	CEMP	VA WHALEY	7				
0		DDRESS (Street and Number or Rural I						
2		FERNWOOD ST.			10140			
	20s. METHOD OF DISPOSITION  1  Burlat 2			CATION — City or To				
		er place)	1		ECM DEVE			
	1 Donalton Control Other (Specify) Metro Cre	22, NAME AND ADDRESS OF FA	Cat	consvil	Le, MD			
	2010101010	LEROY O. DYI	ETT & SON	I FUNERA	AL HOME			
	Church. Dulk	4600 LIBERTY	HETCHTS	AVENITE				
ł	23. PART I. Emer the diseases, of complications that caused the death. Do not shock, or haert failure. List only one cause on each line.	t enter the mode of dying, suci	n as cardiac or reapi	ratory errest,	Approximate			
4	IMMEDIATE CAUCE (Since)	. 1			Interval Between Onset and Death			
1	disease or condition resulting in death)	a Long H	rest					
ĺ	disease or condition resulting in death)  ———————————————————————————————————							
Z	Samuellally Has and Hara To Malnutrifia	7		<u></u>				
CERTIFICATION	Sequentielly list conditions.			1				
2	CAUSE (Disease or injury	uno defici	eucy No	indran	e			
E	that initiated events		1	7				
8	resulting in death) LAST							
0	PART II. Other eignificant conditions contributing to death but not resulting in	the made to be a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the						
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ă			1 YES 2	(PMO	OMPLETION OF CAUSE OF DEATH?			
ME					1 - YES TIMES			
ž					14			
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che	ck only one)					
1S	1 THE 2 D NO	OTHER:  Nursing Home 5 N Sesidence	6 Other (Specify)					
£	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) INJURY		28d. DESCRIBE HOW II	NJURY OCCURED				
BY	1 National 5 Pending 2 Accident Investigation	M 1 YES 2 NO						
	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, larm, street building, etc. (Specify)	set, factory, office	261. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,			
COMPLETED	4 Homicide determined		City br lown, State)					
ا ي	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time date and place, and due	to the cause(s) and mee	and an eleted				
Ž	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,				e) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER							
BE	SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUM	10	29d. DATE SIGNED	(Mohth, Day Year)			
2	30. NAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (See B.		5169	2	12/93			
	The sound action of section (from 21) (1906, 7)	5550 Newby	0		21209 , 1			
	10140 100	33-0 News	bry st.	Ralt	more My.			
6	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE				/			
21	AUG 02 1993 Julia Davidson-Mandale							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: Aft. be filed within 72 hours after dea	IMPORTANT: If Item 28 is m

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEP	ARTMENT O	F HEALTH A	ND MENT		E		
	1. DECEDENT'S NAME (First, Middle, Last)	0	JEITT	HIOAIL	JI DEAII	2. DAT	REG. NO.		3. TIME OF DEAT	Ή.
	ConniE	D. Pay	101			MON			3 2:45	A "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	E (In yrs. last birthd	MONTHS DA			E OF BIRTH	8.	BIRTHPLACE (State or Fo. Country)	reign
	9a. FACILITY NAME (If not institution, give s		58 YR		WN OR LOCATION	10	105/	9c. COUNTY	OF DEATH	
S		PITAL			LTIMO		CITY	SC. COUNTY	OF DEATH	
رظ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		1 100	CITY, TOWN OR L					-	
DIRECTOR	MARYLAND		100.	BAIT	TNAR	5			10d. INSIDE CITY UMITS?	
	10e. STREET AND NUMBER			VIII	101. ZIP CODE		_	10g. CITIZEN	OF WHAT COUNTRY?	Ť
FUNERAL	261 8,0	CHASE S	STRE	ET	21	21:	3	Uni	ted Sta	100
E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYE	S 2 0NO	If yes	DECENDENT OF I	HISPANIC ORIG Maxican, Puerte	ilN? (Specify Yes o Ricen, etc.)	or No 14.	RACE - American India Black White, etc.	ni.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DAT	10	YES 2 THO	Specify:			TRIde	K
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind	T'S USUAL OCCUI	PATION a most of working	-10	Sb. KIND OF BUS	INESS/INDUS	TRY	1
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NO	OT use retired.)		- 17	Maria	-(1)	a KIII	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	R'S NAME (First	, Middle, Malden	Sumame)	9 (1)0(1)	inq
BE C					9	sthe	Pa	vor	- Jones	0
0	19a. INFORMANT'S NAME (Type/Print) a		19b. MAIL	JNO ADDRESS (Str	eet and Number or	Rural Route Nu	poor, City on Tow	Store Kip Co	TIMORE, M	10
	20a. METHOD OF DISPOSITION	IVIAS 1	Ob. PLACE AND DA	TE DE DISBOSITIO	- en	191	TE 29c, LO	MATION CON	or Town, State	7
	1 Burial 2 Cremation 3 Remainder Donation 5 Other (Specify)	oval from State	emetery, cremetory		II-II P	Sat 8	-7 R	CON CITY	or town, state	,
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	E AND ADDRESS	OF FACILITY		CA OL	are ive	
	1 tomas	>KA	Sept 1		n. C. W	arch	F.H.	1101	NORTH A	VE
2	23. PART i. Enter the diseases, or o shock, or heart feilure.	complications that cause on	ed the death. D	to not enter the	mode of dying	, auch se ce	rdiac or respi	ratory errest		
	IMMEDIATE CAUSE (Finel	complications that caus List only one cause on	eech line.					ratory errest	Approxima interval Be Onset and	etween
	snock, or neert tellure.	e	eech line.	station				ratory errest	interval Be	etween
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	+ family	LEWIS T.	GWYNN	LEWI	S T. GWYNI	N FUN				15-6393 MARYLAND
7	23. PART I. Enter the diseases, ahock, or heart failured immediate CAUSE (Final disease or condition resulting in death)	a. Col	consequence o	not enter the i	node of dying, suc	ch as care	flac or resp	fratory arr	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	F):						a ramp
AL	PART II. Other significant condit	iona contributing to death b	ut not resulting	in the underly	Ing cause given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						_	1 TYES 2			COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	neck pak or	na l			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA	OTHER:	ome 5 Residence					
PHYSICIAN:	27. MANNSK OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK?		CRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,		100	28f. LOC City	ATION (Street or Town, State)	and Number	or Rural F	Route Number,
COMPLET		IYSICIAN: To the best of my knowl								) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIF			-	29c. LICENSE NU					(Month, Day, Year)
TO B	S. Jes	us - Lendi	EM		AP2438	3941	0-	BUG	1 (30	195
	S. ZAisilmo	WHO COMPLETED CAUSE OF DEA		Fevre (	SACT	ais	2 2 1	18		
	31. DATE FILED (Medith, Day, Year) -	32. REGISTRAR'S SIGNA	ATURE		***					
	1993	Julia Navidor	Mandelle							DHMH-16 Rev 1/89

2.5

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3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RITAL STATUS  lever Married 2   Merried  Vidowed 4   Divorced  15. 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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF DEATH  1 Natural 5 Pending Investigation  286. DATE OF INJURY 286. TIME OF WORK?  1 Natural 1 YES 2 NO 286. TIME OF WORK?  1 YES 2 NO 286. DESCRIBE HOW INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF									mber,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIRECTOR	ELMTRA 4. SOCIAL SECURITY NUMBER 215-24-1782	PHILLIPS				MONTH	DAY YE	3. TIME OF DEAT		
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FU	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 X NO	If yes, s	specify Cuban, Mexic	NIC ORIGIN? (Specify Young, Puerto Rican, etc.)	es or No— 14.	RACE — American India Black, White, etc.		
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<b>8</b>	WILLIE WHEELER  190. INFORMANT'S NAME (Type/Print)		T 401 4111111			WHEELER				
2	ESTELLE BOYER					Route Number, City or To		(e)		
	20s. METHOD OF DISPOSITION	201 01	ACE AND DATE O			LTO MD 212	17 OCATION — City	or Town Ct-1-		
	1 Donation Other (Specify)	moval from State cemete	TERM OF	her place CEM	. 7/28/9		ALTO. M			
1	21. BIOMATURE OF PUNETIAL SERVICE L		/		AND ADDRESS OF F		ALIU. I			
1	1	1/1/18	~/			ERS FUNERA				
4	1300 EUTAW PLACE BALTO, MD 21217  22 ANT 1 Enter the diseases, or complessions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate									
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. A HAME  DUE TO (OR AS A CO  C. DUE TO (OR AS A CO	DISEQUENCE OF	seulon	disam	sowe				
CER		d. Ventero	1 her	on of			-			
MEDICAL	PART II. Other significent condition	ona contributing to deeth but	not resulting in	n the underlyi	ng ceuse given ir	Part I. 24e. WAS A PERFO	N AUTOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FI MAILABLE PRIOR COMPLETION DF C OF DEATH? 1 YES 2 L		
NA I	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	nt 3 🗆 DOA	отный:		6 Other (Specify)				
Ť	27. MANNER OF DEATN	28a. DATE OF INJURY	26b. TIME	OF 28c. IN	NJURY AT	28d. DESCRIBE NOW	INJURY OCCUR	ED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YORK?					
<b>11</b>	3 Suicide 8 Could not be determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
8		SICIAN: To the best of my knowled								
ETEO	onel	IER: On the basis of axamination as	and miresingation	of me and observation				use(s) and manner as st		
COMPLETED	(Check only	IER: On the basis of examination as		a, and a particular	29c. LICENSE NU					
BE COMPLETED	(Check only one) 2 MEDICAL EXAMIN	IER: On the basis of examination as				MBER	29d. DATE SIG	GNED (Month, Day, Year)		
O BE COMPLETED	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CEPTIFI	IER: On the basis of examination as		Print)	D 36 4	MBER	29d. DATE SIG	GNED (Month, Day, Year)		

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	1	CERTIF	ICATE OF		REG. NO		3. TIME OF DEATH
WAYNE E.	ROGER	5				9 19	93 3:48 A
4. SOCIAL SECURITY NUMBER 218-64-0658	7	8. AGE (In yrs. lest birthday) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give Si Mai Hospi		31	1	OR LOCATION OF DI	ATH	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	timore		ry, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	E AVE		1	01. ZIP CODE 21.2.15	DY	10g. CITIZE	1 (3K/res 2 □ NO IN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPAI specify Cuban, Mexico S 2 7 NO Specif	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No — 1	Black, White, atc.  Specify: Bkck
15. DECEDENT'S EC (Specify only highest gra-		18a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPAT work done during in se retired.)	TION nost of working	16b. KIND OF BU	USINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last)  James E.	Sorre	11		18. MOTHER'S NA	ME (First, Middle, Maider	Sumamo)	
19a. INFORMANT'S NAME (Type/Print) RUTA RISCA	ers		D 3	Royce	Ploute Number, City or Tox	wn, State, Zip C	1215
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE cometery, crematory or			0ATE 20c. LO	cation - ch	ty or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE I	ICBHGEN )	whom I	22. NAME	AND ADDRESS OF FA	outy	1 1	ome
23. PART i Enter the diseases, or shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	. List only one caus	e on each line.  Liac a re-					Approximate interval Between Onset and Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	PF):	System	Lailura	2	one mor
PART II. Other algorificant condition Hepasitis	B+C	leath but not resulting	in the underlyl	ng cause given in	Part i. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF II (Month, Day	NJURY 28b, Till	AE OF 28c. II	MURY AT YORK?  YES 2 NO	6 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF	INJURY — At home, farm, tc. (Specify)			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
		ny knowledge, death occur mination and/or investigati					l, cause(s) and manner es stated.
296. SIGNATURE AND TITLE OF CERTIFICATION PLANTS	ER MD			PE976	WBER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE EVELINA PER		2558 R	ullim Ro		Baltimo	re MD	21209
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		Carr			

33

eather a sign and an annual

9a. FACILITY NAME (If not institution, give street and number)

Belair Convalesarium

10b. COUNTY

5. SEX

1 M 2 F

FOR STATE REGISTRAR

DIRECTOR

10s. STATE

1. DECEDENT'S NAME (First, Middle, Last)

Geraldine

220-03-9531

RESIDENCE OF DECEDENT

MD.

10e. STREET AND NUMBER

31. DATE FILED (Month, Day, Year)

AUGO

2 1993

4. SOCIAL SECURITY NUMBER

ш	1300 E. Lanva	ale Apt.	325	21213		U.S.A.
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 1 2 JNO	I. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Spec		14. RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEOENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)		OCCUPATION e during most of working )  Orer	166. KIND OF BUSINESS/I	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Бар		AME (First, Middle, Malden Surname	
ш	George S	tallings		Patt	v Thompso	n
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE		Route Number, City or Town, State,	7-
5	Maureen Knigh	t	1300 E.	Lanvale St	. #320 Balt	o.MD.21213
	20s. METHOD OF DISPOSITION  1 Description 3 Reference of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr	moval from State	PLACE OF DISPOSITION ( other place)	Name of cemetery, crematory or	20c. LOCATION	US, MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Dutus Mai	norial Parl	ACILITY	467 110.
	▶ Betts Fund	eral Home		1129 N. Car	coline St. B	alto.Md.212
N	23. PART I. Enter the disease, or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions,	e. Liet only one cause on se	CONSEQUENCE OF):		ch es cerdiec or respiratory	Approximate Interval Betwo
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c DUE TO (OR AS A	CONSEQUENCE OF):			
MEDICAL	PART II. Other eignificent conditions to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	one contributing to death bu B レモッカ, る C			PERFORMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Z	- man (a	, bens	,			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (C	heck only one)	
O		1 🗆 Inpatient 2 🗆 ER/Outpa	itient 3 DOA 4 N	ursing Homs 5 🗆 Residence	e ☐ Other (Specify)  28d. DESCRIBE HOW INJURY (	OCCUPED
Y PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	26c. INJURY AT WORK?  1 YES 2 NO		OCCURED
ED BY PHY	27. MANNER OF DEATH	(Month, Day, Year)	M At home, farm, street, f	WORK? 1 YES 2 NO	2ef. LOCATION (Street and Num City or Town, State)	
D BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide Could not be detarmined  29e. CERTIFIER Check only	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street, f	WORK?  1 YES 2 NO  sectory, offics	2ef. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,

32. BEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

BA1timore

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

MIN.

DAYS

eese

YRS.

6. AGE (In yrs. last birthday)

85

22307 93

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS? 1 X YES 2 | NO

No.

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month) Day, Year)

57

**OHMH-16 Rev 1/89** 

21214.

ITEMS: 23 PART I, II, 27, PER MEO G-702 8/10/93 t.t

93 22308

- 3	1. DECEDENT'S NAME (First, Middle, La				T DII				MONT	OF DEATH	DAY 7 0 1	YEAR	TIME OF DEATH
	JAMES  4. SOCIAL SECURITY NUMBER	R. 5. SEX		RANDO	L PH	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	8.32 ACE (State or Foreign
	214-58-7997	1 🔀 M 2 🗆 F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	25-52		Balto	o. Md.
	9e. FACILITY NAME (If not institution, go	ive street end number)			9b. CITY,	TOWN C	R LOCATIO	N OF DE	EATH		9c. COUN	TY OF DEA	тн
DIRECTOR	2127 ETTING S			- 1	BAI	TIM	ORE						
H H	10e. STATE 10b. COU			10c. CIT	TY, TOWN C					7 18		10	Dd. INSIDE CITY
	Maryland				Balt	timo							YES 2 NO
RAI	100. STREET AND NUMBER 2462 Etting Stre	20.4				101	. ZIP CODE	2121	7		10g. CITIZ	U.S.	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. 1	WAS DEC			-	N? (Specify Y	es or No-	14. RACE -	- American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2)	X NO			2 X NO			Rican, etc.)			Nhite, atc. Black
LETED	15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12)			(Give kind of life. Do NOT u	work done ( se retired.)	during mo	st of working	9	164	. KIND OF B	USINESS/IND(	USTRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Post	al Wo	огке		ER'S NA		Middle, Maide			
8	10. INFORMATIO MANE (Section)	Jessie Rai	ndolph	401 444 114				-			na Bro		
9	19e. INFORMANT'S NAME (Type/Print)	John Rande	olph		2 Et					Md.	wn, State, Zip 21217		
	20a. METHOD OF DISPOSITION		20b. PLA	CE AND DATE	OF DISPOS	ITION/Na	me of		DAT		OCATION — C		, State
٠	1 Donation 5 Other (Specify)		_ We	stern	Star	Cem	etery	/	8-	3 Ca	tonvil	lle, l	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					D ADDRES		M				Communi North Av
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CHRONIC		ilne. SM		the mo	de or dyn	ng, suc	n aa car	olac or rea	piratory arre	eat,	Interval Bet
ERTIFICATION	disesse or condition	s. CHRONIC DUE TO		IIINO. SM INSEQUENCE C	DF):		de of dyn	ig, suc	n aa car	or rea	priatory arre	eat,	Interval Bety
MED	Sequentially list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO d.	NARCOTIS O (OR AS A CON O (OR AS A CON	IIne.  SM  NSEQUENCE C	0F): 0F):					24a. WAS A	IN AUTOPSY PRIMED?	24b. W	Onset and D
MEDICAL	Sequentially list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit CARDIOMEGALY	b. DUE TO d	NARCOTIS O (OR AS A CON O (OR AS A CON	IIne.  SM  NSEQUENCE C	0F): 0F):	nderlying		lven In	Part I.	24a. WAS A PERFC	IN AUTOPSY PRIMED?	24b. W	Interval Betw Onset and D
MEDICAL	Sequentially list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care	b. DUE TO d	NARCOTIS O (OR AS A CON O (OR AS A CON O (OR AS A CON O death but n	IINE.  SM  INSEQUENCE CONSEQUENCE THER	28. PL	g cause g	iven in	Part I.	24a. WAS A PERFC 1 YES	IN AUTOPSY PRIMED?	24b. W N C C O 1	Interval Betw Onset and D	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendin	be filed within 72 hours after death with the State Dept. of Health and Mental Hyg	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o	

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPAR CERTIF	TMENT OF H		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		John	Francis S	ulliva:	1	August 1,	1993	5:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTNP Country)	LACE (State or Foreign
1	215-09-9767  Se. FACILITY NAME (If not institution, give :	1 M 2 F	84 YRS.		PR LOCATION OF DEA	06/02/09		nio
DIRECTOR	504 Kent Road		060		Burnie			Arunde1
EC	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
		ne Arun	ide1		Glen I	Burnie		LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		g. CITIZEN OF WI	
NE I	504 Kent Road		T EVER IN U.S. ARMED	12 WAS DEC	210	6 O CORIGIN? (Specify Yes or N	USA	American Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, ap	city Cuben, Mexican, 2 NO Specify:		Black, Specify	White, etc.
D BY	3 X Widowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Catton completed) College (1-4 or 5	(Give kind of	USUAL OCCUPATION WORK done during mo retired.)	N st of working	16b. KIND OF BUSINES	SSINDUSTRY	
립	10	College (1-4 or 5		atcher		Western	n Union	n
Š	17. FATNER'S NAME (First, Middle, Lest)				16. MOTHER'S NAM	E (First, Middle, Malden Sum	eme)	
BE	" Unknow	n to R	ecords "		" U1	nknown to	Record	is "
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town, St.		1040
	Candy P. Whan	ton	20b.PLACEAND DATE	Kent R		en Burnie,	MD Z	
	1 Burial 2 Cremation 3 Rem		Cemetery, cremetory or o	ther piece)	v.Inc.	1	ltimore	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE M	MI					
	George E.			299	Frederic	ck Rd. Ba	Mu., .	MD 21228
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE O	F): F):	Ro STRAN	E		Interval Between Onset and Death
5	PART II. Other aignificant condition	a contributing to	death but not regulting	in the underlyin	seves alves in C	Part I. 24a, WAS AN AUT	nnov Las	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL			John Dut Hot Feedhing	an the thousand	, cause given in r	PERFORMED  1 YES 2	No !	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATN (Chec	ck only one)		
YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 Nursing Norm	5 Residence 6	□ Other (Specify)		
	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D			RK?	28d. DESCRIBE NOW INJUI	RY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At home, term, etc. (Specify)	street, factory, offic		28t. LOCATION (Street and It City or Town, State)	lumber or Rural Ro	ute Number,
COMPLETE	ana)		my knowledge, death occurr					and manner as stated.
BE	298 SIGNATURE AND WITLE OF GERTIFIE	"X de	ear MD.		DO H	4805 P	d. DATE SIGNED	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE	XHID	1940 W.B	ATIMON	EST.	BACTIHON	20%, MI	21223
5	AUG 17 1993 - Ju	na Jamason	ASSIGNATURE					•

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, La James	Simmo	ns _{Jr} .		2. DATE OF DEATH	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 597-68-1433	5. SEX 1 1 M 2 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)     Ga. •
99. FACILITY NAME (If not institution, given by 1984 Denm	ore Av		Balto	DEATH 9c. C	OUNTY OF DEATH
4984 Denm RESIDENCE OF DECEDENT 10a. STATE 10b. COU			TOWN OR LOCATION		10d. INSIDE CITY LIMITS? LIXES 2 NO
100. STREET AND NUMBER  4984 Denmo  11. Marital Status  1 Never Married  2 Married	re Ave		101. ZIP CODE 21215	10g. (	CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 NO			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 + h 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during most of working	16b. KIND OF BUSINESS	/INDUSTRY
12 th 17. FATHER'S NAME (First, Middle, Last)	4yrs				
James Simm	ons Sr.		Man	NAME (First, Middle, Melden Surnam Ctha Butts	
O I ISS. INFORMANT'S NAME (TyperFillit)				al Route Number, City or Town, State,	
Martha Simmo		20b. PLACE AND DATE OF	DISPOSITION (Name of	V, Washingto	n, D.C. 2009  - City or Town, State
4 Donation 5 Other (Specify)	emoval from State	Fort Fin		9 3 08 Blad	danhuua Ma
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		813-98 Blad FACILITY West 4300 Wa	
23. PART I. Enter the diseases,	Eng Cilm	No.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ь	R AS A CONSEQUENCE OF):	- defici	- who	Oneat and Death
Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	c	R AS A CONSEQUENCE OF):			
PART II. Other significant condit	ions contributing to de	eath but not resulting in	tha underlying cause given	in Part I. 24a. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS
				PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)	
EXAMINER?	HOSPITAL:		THER:		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	IJURY 28b. TIME C	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED
9 Probable -	28e. PLACE OF building, et	NJURY — At home, farm, stre c. (Specify)	et, factory, office	281. LOCATION (Street end Nun City or Town, State)	nber or Rural Route Number,
				ue to the cause(e) end menner es he time, date end place, and due t	stated, to the ceuse(e) and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	) lind	mp	p 2	10MBER 29d. 1	DATE SIGNED (Month, Day, Year)  8/2/93
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typo, Pr Restanti	int)	21136	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE			



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE	AF
Г	1. 0	ECEDENT'S	N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Amon Davidson Sibole  4. SOCIAL SECURITY NUMBER  5. SEX.  6. AGE (in yrs. Net birthday)  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. WIS.  90. CITY. TOWN OR LOCATION OF DEATH  Cecil  90. COUNTY  10. STREET AND NUMBER  21 Linwood St.  11. Markat. STATUS  12. WAS DECEMBER FYER IN U.S. ARMED  PONCES IN 1 YES 2   NO  11. WIS. WIS. WIS.  12. WAS DECEMBER OF HISPANC OFFIGING (Specifly We or No.   No.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.   NO.	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO.		•
164-05-9489  INDICATE NAME (FOR AMBRIDO) per senter and number)  Sen. MOLETT NAME (FOR AMBRIDO) per senter and number)  Sen. MOLETT NAME (FOR AMBRIDO) per senter and number)  Sen. MOLETT NAME (FOR AMBRIDO)  Sen. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRET AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN. STRETA AND AMBRIDO  SEN.						MONTH DA		7/1
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21 Linwood St. (AT HOME)  BEATIEVILLE  COCII  BEATIEVILLE  BECTIT, TOWN ON LOCATION  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE  BEATIEVILLE		street and number)		h CITY TOWN	OR LOCATION OF D			
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Bookkeeper   12   12   Bookkeeper   15. MOTHER'S NAME (Pint, Middle, Last)   16. MOTHER'S NAME (Pint, Middle, Last)   16. MOTHER'S NAME (Pint, Middle, Last)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint, Middle, Maddle Summers)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pint)   16. MOTHER'S NAME (Pin	15, DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPATION	NC	16b. KIND OF BUS	INESS/INDUSTR	Υ
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Se. INFORMANT'S NAME (Type/Pritt)    196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. LOCATION   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or Town, State   20c. Location   City or	7. FATHER'S NAME (First, Middle, Last)	A THE RESERVE			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	-11
Do. METHOD OF DISPOSITION  Burlet 2 Cramation 3 Removal from State  Donetion 5 Other (Specify): n. state removal  SIGNATURE OF FURFAL SERVICE LICENSE  Ronald Wade, Di.  22. NAME AND ADDRESS OF FACILITY  State Anatomy Boar  7/29/93 655 W/BaltimoreSt, Balto, MD21201  23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interioral Beases or condition  a. Acute My Candual Infant.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A	Albert Sibol	е			Jessie	Grantla	nd	
Burlat 2   Cramation 3   Removal from State   Donation 5   Chief (Specify)   1   1   1   1   1   1   1   1   1	e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street	and Number or Aural	Floute Number, City or Town	n, State, Zip Code,	)
Donesting & Content (Specify)   The State Promoval	☐ Buriel 2 ☐ Cremation 3 ☐ Rei	moval from State	other place)	ION (Name of ce	metery, crematory or	20c. LO	CATION — City o	r Town, State
23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, auch es cardiac or respiratory arrest, shock, pr heart feliure. List only one cause on each line.   Approximate shock, pr heart feliure. List only one cause on each line.   Approximate shock, pr heart feliure. List only one cause one each line.   Approximate shock, pr heart feliure. List only one cause one each line.   Approximate shock, pr heart feliure. List only one cause one each line.   Approximate shock, pr heart feliure. List only one cause one each line.   Approximate shock, pr heart feliure. List only one cause one cardiac or respiratory arrest, interval Bet onset end (IMM)   Approximate shock, pr heart feliure. List only one cause one cardiac or respiratory arrest, interval Bet onset end (IMM)   Approximate shock, pr heart feliure. List only one cause on the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	□ Donation 5 □ Other (Specify)	n stata ro	moval					
MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE/OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	I. SIGNATURE OF FUNERAL SERVICE L	Ronald	Wade, Di 7/29/93	655W	Baltin	State noreSt,Ba		
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  A COND abuse  Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completion of Completi	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A S C S A CONSEQUENCE OF):	VD	dial 1	infarch	Ón	Onset end De
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 DOA 2 North, Dey, Year) 2 Accident 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  2 No DEATH 2 North, Dey, Year) 2 No DESCRIBE HOW INJURY OCCURED  2 No DESCRIBE HOW INJURY OCCURED  2 No DESCRIBE HOW INJURY OCCURED  2 North, Dey, Year) 2 No DESCRIBE HOW INJURY OCCURED  2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 2 North, Dey, Year) 3 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 4 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 5 North, Dey, Year) 6 North, Dey, Year) 7 North, Dey, Year) 7 North, Dey, Year) 7 North, Dey, Year) 7 North, Dey, Year) 8 North, Dey, Year) 8 North, Dey, Year) 8 North, Dey, Year) 9 North, Dey, Year) 9 North, Dey, Year) 9 North, Dey, Year) 9 North, Dey, Year) 9 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 North, Dey, Year) 1 No	PART II. Other algorificant condition A (Cohol Chronic Esophag	abuse		the underlyin		PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI DF DEATH?  1 YES 2 NO
1   YES 2   NO   1   Inpertient 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Reeldence 8   Other (Specify)  7. MANNER OF DEATH 1   Netural 5   Pending Investigation 3   DOA   A   Nursing Home 5   Reeldence 8   Other (Specify)  7. MANNER OF DEATH 1   Netural 5   Pending Investigation 3   Suicide 8   Could not be determined   28e. DATE OF INJURY M 1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   Number or Rural Route Number, City or Town, State)  8e. CERTIFIER (Check only 2   MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  9b. SIGNATURG AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)  1   Quantification   Number or Rural Route Number, City or Town, State)  2   MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  3   Suicide 8   Could not be determined   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)  4   Homicide   28d. DESCRIBE HOW INJURY OCCURED   28d. DATE SIGNED (Month, Day, Year)  5   Pending Investigation   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NOTHING AND INTERCENT. State of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  3   Suicide 8   Could not be determined   28d. DATE SIGNED (Month, Day, Year)   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2					LACE OF DEATH (C/	neck only one)		
7. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  2 Pending Investigation 5 Could not be determined  2 Pending Investigation 5 Pending Investigation 6 Pending Investigation 7 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 8 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pending Investigation 9 Pendin					ne 5 🗆 Residence	8 Other (Specify)		
2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	1 Netural 5 Pending	(Month, Day, Year	Y 28b. TIME	OF 28c. IN.	JURY AT DRK?		NJURY OCCURE	D
9e. CERTIFIER (Check only one) 2   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  9b. SIANATURG AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 1/20/93	3 Suicide 8 Could not be	28e. PLACE OF INJU	IRY — Al home, farm, atri (pecify)				and Number or Ru	ral Route Number,
Falricia Breve MD D228/3 > 7/20/93	9a. CERTIFIER (Check only)  1 CERTIFYING PHY							se(a) and manner as stated
Falricia Breve MD D228/3 > 7/20/93	96. SIGNATURE AND TITLE OF CERTIF	ER	7		29c, LICENSE NU	MBER	29d, DATE SIG	NED (Month, Day Year)
A NAME AND ADDRESS OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF	Falrecia &	nove	MO		D22	8/3	D 7/	20 193
I. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (type, Print)	O. NAME AND ADDRESS OF PERSON W	YHD COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)		-1/	1/	2011
DR_ROBERT DEMITZIO PO BOX 670, Cecilton, MD 21913				70, Ce	cilton,	MD 219	13	
AUG 02 1993 FREGISTBAR'S SIGNATURE	AUG 02 1993	TE REGISTRAR'S SI	GNATURE					



**BALTIMORE, MARYLAND 21215-0020** 

should

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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requires that the death certificate be executed within

BOX 68760,

Ö

DIVISION OF VITAL RECORDS,

HOSPITAL OR ATTENDING PHYSICIAN: The law

ITEMS: 28b.d.e.f. PER MEO FILM G-703 9/24/93 t.t/s.w STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 1993 SYKES 5 AM 65 JAMES E. SYKES AUG 04:01 01 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIFITH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1969 1 X M 2 | F 216-06-4443 26 3/5/1967N. CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH UNIVERSITY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1817 W. LEXINGTON STREET, 3rd 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puarto Rican, atc.) RACE — American Indian, Black, While, atc. 1 Never Married 2 Married 1 YES ZY NO Specify 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) JAMES A. SYKES ELLEN FAY GAITHER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) ELLEN FAY GAITHER 3645 PASKIN PL. APT. 5A BALTO., MD 21244 20a. METHOD OF OISPOSITION

1 XBurial 2 Cremation 3 Removal from State
4 Donation 7 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Oak Grove Cemetery
22. NAME AND ADDRESS OF FACILITY Garysburg, N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PART I. Enjer the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Betwe IMMEDIATE CAUSE (Final Onset and Daath disease or condition . ADULT RESPIRATORY DISTRESS SYNDROME 8 Pays resulting in death) DUE TO (OR AS A CONSEQUENCE OF) BLUNT CHEST INJURY 8 DAYS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY ALVIR RENAL FAILURE 1 TYES 2 TO NO OF DEATH? PNEUMONIA 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 1:28 PM 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED MOTORCYCL IST IN COLLISION WITH AUTO 5 Pending Investigation 1 Natural JULY, 23, 1993 1 TYES 2 14 NO 2 4 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) STREET 3 Suicide 281. LOCATION CHURCH LANE & BELLAIR AVE. 6 Could not be determined 4 Nomicide RIOING BICYCLE TIV STICKET BALTO. CO..

1 DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

mg mg MALLE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TIE

SHOCK TRAVMA

572 22 5. GREENE

044468

Harry E. Wilkins MO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 02 1993



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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. OECEDENT'S NAME (First, Middle, Last) EMMF*TT	SFI	WARD		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER  213-38-5496  90. FACILITY NAME (If not institution, give s	5. SEX 8. AGE (	fn yrs. last birthday) F 53 YRS. MOH	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 4-30-40	8. BIRTNPLACE (State or Foreign Country) VIRGINIA
		REAR)	BALTIMORE	OEATN 9c. (	COUNTY OF DEATH
1504 UPSHIRE ROA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	Y		OWN OR LOCATION  LTIMORE		10d. INSIDE CITY LIMITS?  1 X YES 2 NO
106. STREET AND NUMBER  1504 UPSHIRE ROA	D APT.1F	(REAR)	101. ZIP CODE 21218	10g.	U.S.A.
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. OECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)  1 2 + h  17. FATNER'S NAME (First, Middle, Last)	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Mexi 1 YES 2 X NO Spe		9— 14. RACE — American Indian, Black, White, atc. Specify: BLACK
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use red	done during most of working ired.)	16b. KIND OF BUSINESS	
17. FATNER'S NAME (First, Middle, Last)		213112.33		NAME (First, Middle, Maiden Surnar CE SEWARD	me)
190. INFORMANT'S NAME (Type/Print) WENDELL GARY			PRESS (Street and Number or Run EWIN AVE./BAL	al Route Number, City or Town, State	e, Zip Code) AND 21218
20s. METNOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State com	PLACE AND DATE OF DI etery, crematory or other is CTNG MEMOR	SPOSITION (Name of place)	OATE 20c. LOCATION	N — City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	to fil	mes	22. NAME AND ADDRESS OF	.H./1101 E. NO	ORTH AVENUE
23. PART I. Enfer the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (6) AS A	ach ilna.		uch as cardiac or reapiratory	y errest, Approximate interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	na contributing to death b	ut not reaulting in ti	ne underlying cause given	In Part I. 24a. WAS AN AUTOI PERFORMED?	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	Ion	26. PLACE OF DEATH (	Check only one)	
	1 ☐ Inpetient 2 ☐ ER/Outp 28e. OATE OF INJURY (Month, Day, Year)	etient 3 DOA 4 (	Nursing Nome 5 Residence	28d. OEŞCRIBE HOW INJURY	OCCUREO
2   Accident   Investigation   3   Suicide   6   Could not be   4   Nomicide   6   Certifying Physical   (Check only one)   2   MEDICAL EXAMINE	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, stree	t, factory, office	28f. LOCATION (Street end Nu City or Town, State)	umber or Rural Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE				lue to the cause(e) and manner as the time, date end place, end due	s stated, to the cause(s) end menner as stated
296. SIGNATURE AND TITLE VICERTIFIE	M.D.		MO L	1UMBER 29d.	DATE SIGNED (Month, Day, Year) 07 28 93
30. NAME AND ADDRESS OF PERSON WH JOHN THE 31. ATT FLEMMON, TOMOS		10. 8028		H # 201 PAGE	1000 A MD 2113

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumable event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMN-16 Rev 1/89



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTHAR		CERTIFI	CALE OF DEATH	REG. N	Ю.	
	1. DECEDENT'S NAME (First, Middle, Last)	Sum	mex	<	2. DATE OF DEATH	39 9	3. TIME OF DEATH A
3	4. SOCIAL SECURITY NUMBER  217-26-8812		In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
E S	9a. FACILITY NAME (If not institution, give st	reet end number)	1	96. CITY, TOWN OR LOCATION OF D	10.00	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	nospita	10c. CITY,	TOWN OR LOCATION	irylana		10d, INSIDE CITY
	10e. STREET AND NUMBER		Bo	1timore 101. ZIP CODE		140-01717	LIMITS?  1) YES 2 NO  N OF WHAT COUNTRY?
FUNERAL	1620 GWYNN:	s Falls Pi		21210	9	1	4.5
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	an, Puarto Rican, etc.)	fes or No — 14	Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify arily highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of we life. Do NOT use	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF E	USINESS/INDUS	TRY
COM	17. FATHER'S NAME (First, Middle, Last)	01	Marrie	18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	CLEAURIN	19b. MAILING	ADDRESS (Street and Number of Rural	Boute Number City or 1	nun State Zin Co	4 7/4 45
2	BABAKA B.	ARTON	15	65 HomesT	end A	12 BA	in nd.
	20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State came	PLACE AND DATE OF	er placa)  Memo of  Brown . Ak	OATE 200.	SAMO	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF FA	AKOline	C.J.	
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING	ŭ			-		Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)				
MEDICAL (	PART II. Other significant conditions	contributing to deeth bu	it not resulting in	the underlying ceuse given in		ORMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Ch			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28d. DEŞCRIBE HOW	INJURY OCCUR	ED
ETED B	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Specif	At home, ferm, at	eet, factory, office	281. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLE				at the time, date end place, end due in my opinion, death occured at the			suse(s) end manner es stated.
TO BE (	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ul du	ans	29c. LICENSE NUI	MBER 7/	29d. DATE S	GNED (Month, Day, Year)
			E UTAW -	ST. #305 Bt	HITIMOR	E MC	21201
1/	AUG () 2 1993 gui	32. REGISTRAR'S SIGNA	TURE				



Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	ttending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	e as the burial-transit per
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 YEAR 8 0408 KIM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 139-58-2754 1 - M 2 XF 58 9 -20 9c. COUNTY OF DEATH DEATH N 9e. FACILITY NAME (If not institution, give street and n 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR MERCY MEDICAL CENTER BALTIMORE BAUT RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BAUT CIM BALTIMSEE 1 NES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? AVE 1701 SHERWOOD 21239 US4 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie If yes, specify Cuben, Mexican, Puerto Rican, etc.]

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 2 YEARS DISABLED notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) R42PH NORMENT MARY HAMMOCK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Morme GARDSNS EAST DRANGE Mock ě 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State OATE must 3 🗆 Rad GREENMOUNT AND ADORESS OF FACILITY 8 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM. C. MARCH FH. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart fellure. Liet only one cause on eech line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition PNEUMANIA OVERHHELMING WITH reculting in death) DUE TO (OR AS A CONSEQUENCE OF) PURMHARY PULMINARY HEMORRHAGE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO. 1 YES 2 NO PHYSICIAN: 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 Napatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated BE 29d. DATE SIGNEO (Month, Day, Year) huhd Abursy 044066 mo

MD

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P. Lisati

	House 30 schools have being an asked house and a second of the second land
State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	S. Albant
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State	Ed.

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC	NENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last			TELA	2. DATE OF DEATH DAY	YEAR 3. TIME DF DEATH
	4. SOCIAL SECURITY NUMBER 2/2-50-3/55	1 🗆 M 2 🗷 F		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Counts)
TOR		street and number)		CITY, TOWN OR LOCATION OF D BALTIMORE		ITY OF DEATH
DIRECTOR	10a. STATE 10b. COUN	тү	10c. CITY, TO	OWN OR LOCATION  LTIMORE		10d. INSIDE CITY LIMITS?  1 X YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 431 VALE	AVE		101. ZIP CODE 2/22	9 10g. CITIZ	ZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 ND	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specifi		14. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/INDI	USTRY
BE CON	17. FATHER'S NAME (First, Middle, Last)	C 5	nith		AME (First, Middle, Maiden Sgrname)	ROLEY
2	0.01	KETT	196. MAILING AD	PRESS (Street and Number or Rural ALE AVE.	Route Number, City or Town, State, Zip 2/22	Code)
	20a METHOD OF DISPOSITION 1 D-Buriel 2 Cremation 3 Rar 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF D	ISPOSITION (Name of	BALTIN	City or Town, Stata  10 CE, ND
	21. SIGNATURE OF FUNERAL SERVICE L	ch CFSI	# 281	22. NAME AND ADDRESS OF FA	Montas ST,	21217
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. All All	V DEAT		ch as cardiac or reapiratory arre	Approximate interval Between Onset and Death
S	Sequentially list conditions,	· Bron1	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	A		
HILLCALION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in death) LAST	· Hylo	S A CONSEQUENCE OF:	CE PHALO PA	OHY	
5	PART II. Other algnificant condition	d	J. 0		Boot to Law was an arrange	
PHISICIAN: MEDICAL	Mellins	CNALE	alone	Diaker	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPÍTAL:		28. PLACE OF DEATH (Ch	neck only one)	
2	1 TYES 2 ND	1 Inpatient 2 ER/O	utpatient 3 DOA 4	HER: Nursing Home 5 - Residence	8 Other (Specify)	
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Yea	26b. TIME DI	28c. INJURY AT WORK?  M 1 YES 2 ND	28d. DESCRIBE HDW INJURY OCC	URED
IEU BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, term, stree pecify)		28t. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	IICIAN: To the best of my kn	owledge, death occurred at	the time, date and pleca, and dua my opinion, death occured at the	to the cause(a) and manner se state time, data and place, and dua to the	d.
O DE C	296. SIGNATURE AND TITLE OF CERTIFIE		MD	29c. LICENSE NUI	MBER 29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	ines (forpitm	1 BLT	
0	31. DATE FILED (Month, Day, Year) AUG () 2 1993	32. REGISTRAR'S SI	GNATURE			

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	D Wil	mple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ever
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93 22317

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	93 22311
	1. DECEDENT'S NAME (First, Middle, Last)	- Shiplett		2. DATE OF DEATH MONTH	YEAR S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  218-18-9747  9e. FACILITY NAME (If not institution, give st	1   M 2   XE   92 YRS.   MON		7. DATE OF BIFTTH (Mogth, Pay, See)	8. BIRTHPLACE (State or Foreign Country)
DIRECTOR	MERCY HO	osp. 9	BACTIMOR		c. COUNTY OF DEATH
	100. STATE 10b. COUNTY	BA	CT MORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		DSON ST.	101. ZIP CODE 2/23	24	U. S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc.
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		done during most of working	16b. KIND OF BUSINE	SS/INDUSTRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1 100 100	18. MOTHER'S NA	ME (First, Middle, Meiden Surr	name)
TO BE	190. IMFORMANT'S NAME (Type/Print)	11-51-TT 196. MAILING ADD	PRESS (Street and Number or Rural I	Poute Number, City or Town, St	10. MD - 21224
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem		SPOSITION (Name of place)	DATE 20c. LOCATE	ION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE INC	TUMBER OF VOTE	22. NAME AND ADDRESS OF FA	OLITY OLITY	2/224
	23. PART I. Enter the diseases, or c	complications that caused the death. Do not e	enter the mode of dying, such	h as cardiac or reepirate	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Anist	remnonia		Interval Between Onset and Death
TION	Sequentielly list conditions, if any, leading to immediate	bDUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
AL	PART II. Other algorificant condition	is contributing to death but not resulting in the	ne underlying ceuse given in	PERFORME	D? AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	Affial fize	Maton		1 U YES 2	NO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSRITAL: OT	26. PLACE OF DEATH (Ch	eck only one)	
IYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Dinpatient 2 ER/Outpatient 3 DOA 4	HER: Nursing Home 5 Residence		
BY PI	1 Deletural 5 Pending Investigation	( 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJU	RY OCCURED
	3 Sutcide 8 Could not be datermined	28e. PLACE OF INJURY — At home, farm, street building, stc. (Specify)	t, factory, office	261. LOCATION (Street end I City or Town, State)	Number or Rural Route Number,
COMPLETED		ICIAN: To the best of my knowledge, death occurred at IR: On the best of examination and/or investigation, in			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		ouse of her N	29 C	d. DATE SIGNED (Month, Day, Year)
5		GOME LETED CAUSE OF DEATH (ITEM 27) (Typo, Print		1	7-17:3
6	31. DATE FILED (Month, Day, Year) AUG () 2 1993	32. REGISTRAR'S SIGNATURE			

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6 1

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Howard Edward	Snow, Sr.				2. DATE OF DEATH		3. TIME OF DEATH 8:30 A _M
Total Services		1 🖾 M 2 🗆 F 70	YRS.	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 5, 19	8. BIRT Coun	irginia
TOR	Rt. 2, Box 1714	8, Big Fall	s Rd.	Monk	ton		Balti	
DIRECTOR	4	imore		onktor				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt. 2, Box 1714	8, Big Fal	ls Rd.	101	21111			WHAT COUNTRY? S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES		If yes, spe		IIC ORIGIN? (Specify Yei n, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	CE - American Indian, ck, White, etc.  White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mo stired.)			SINESS/INDUSTRY	
OMP	17. FATHER'S NAME (First, Middle, Lest)		Mechan	1C	18. MOTHER'S NA	SOLL I	Blendin Summeme)	g
BE C	Elihue Snow					Jane Hal		
٩	Lucille A. Snov	√	Rt. 2,	BOX 17	nd Number or flural f 148, Big	Falls Rd.	n, State, Zip Code) , Monktor	n, MD 21111
	Ms. METHOD OF DISPOSITION  12 Burtal 2 Cramation 3 Removal from State  4 Donation 5 Other (Sport)  200. PLACE AND DATE OF DISPOSITION (Name of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of Part of							
	22. NAME AND ADDRESS OF FACILITY  J.J. Hartenstein Mortuary, Inc.  24 Second St., New Freedom, PA 17349							
	23. PART Lenter the diseases, or co- thock or heert feiture. Li IMMEDIATE CAUSE ( inai disease or condition resulting in death)	emplications that caused lat only one cause on each cause on each cause on each cause on the cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause o	ch line.			Liuna		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
MEDICAL	PART II. Other significent conditions		not resulting in		ceuse given in	Part I. 24e. WAS AN PERFOF	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH JET	ki k only one)		
YSIC	1 YES 2	HOSPITAL: 1   Inpetient 2   ER/Outpet		THER:	5 Menderce	■ □ Other (Specify)		
ВУ РН	27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	JRY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, larm, stre	et, factory, office		281. LOCATION (Street City or Town, State)		Route Number,
COMPLE		AN: To the best of my knowle On the basis of examination						(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Caplen	M	5	29c. LICENSE NUM			Month, Day Mear)
	30. NAME AND ADDRESS OF PERSON WHO  ALL  31. DATE FILED (Morith, Day, Year)	COMPLETED CAUSE OF DEAT	1691	84	och Ke	ed M	inlile	in Mel
	AUG 0 2 1993	Julia Davidon D	Penda III.					2/1/

10a. STATE

EMMA

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street end number)

10b. COUNTY

Manor Care of Wheaton

061 01 8716

MONTHS

10c. CITY, TOWN OR LOCATION

DAYS

Wheaton

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	
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DIRECTOR Maryland Montgomery Silver Spring FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit in a, cremation, or removal. 14514 Homecrest Rd. 20906 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATE. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 Specify: 1 Never Married 2 Married BY **\$**₩idowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest grade comp. entary/Secondary (0-12) 12 College (1-4 or 5+) Salesperson once. 17. FATHER'S NAME (First, Middle, Last) Isaac Klein Ħ Vera Weiss BE notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hilda Moskowitz #3 Crest Park Ct., Silver Spring, Md. 20903 2 20a. METHOD OF DISPOSITION

☆ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Beth David Cemetery 4 Donation 6 Other (Specify) 7-29 medicai examiner 22. NAME AND ADDRESS OF FACILITY
IVES—Pearson Funeral Homes 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final the MYGLOMA disease or condition WITPLE resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) prior to burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician Mental Hygiene prior to death certificate be or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. the MEDICAL n signed by the Health and M shows any has been 6 PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL this certificate has with the State C 26. PLACE OF DEATH (Check only one) Hem 1 YES 2 NO OTHER PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 12 N rsing Home 5 - Residence 6 - Other (Specify) 0 death with the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 1 Natural 5 Pending investigation М 1 YES 2 NO BY After 2 Accident ATTENDING 28a. PLACE OF INJURY — At home, term, street, tactory, office building, stc. (Specify) TO THE FUNERAL DIRECTOR: Af be filed within 72 hours after de iMPORTANT: If Item 28 is r ETED 3 Suicide ... 6 Could not be 4 Homicide 8 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner es stated. MIDICAL EXMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 품 TENDING 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) 9801

Deler

1 M MXXF

6. AGE (In yrs. last birthday)

89

YRS.

REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH YEAR 8:40 PM 7. DATE OF BIRTH (Morth, Day, Year)
NOV. 19,1903 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Hungary 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 TES XX NO 10g, CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Caucasian 16b. KIND OF BUSINESS/INDUSTRY Retail 18. MOTHER'S NAME (First, Middle, Maiden Surname) 20c. LOCATION -- City or Town, State Elmont, New York Approximate **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 TYES XXX OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 25d. DATE SIGNED (MONTH, Day Year) Þ 7

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# ng physician. ne burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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0R /	DIRE	hours	Hem
PITAL	ERAL	Z U	11
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	-	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALT		ITAL HYGIENE REG. NO.	3 22320
1. DECEDENT'S NAME (First, Middle, L			y-Nemes	2. C	DATE OF DEATH	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 147-50-1466	5. SEX 6. AG	E (In yrs. last birthday)		ER 24 HRS. 7. D	ulv 31, 19 ATE OF BIRTH Worth, Day, Year) )4–16–43	8. BIRTHPLACE (State or Foreign Country) New York
98. FACILITY NAME (If not institution, § 1667 Kirkwo	od Road 21	207	Woodla			unty of DEATH altimore
100. STATE 100. CO		10c. CITY, 1	TOWN OR LOCATION	Woodla	ıwn	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 1667 Kirkwoo	od Road		101. ZIP CO		10g. CIT	USA
100. STREET AND NUMBER  1667 Kirkwo	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	S 2 XNO	13. WAS DECENDENT If yes, specify Cu 1  YES 2 XN	ben, Mexicen, Pu	RIGIN? (Specify Yes or No- erto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of work life. Do NOT use of	k done during most of wor	king	16b. KIND OF BUSINESS/IN	
17. FATHER'S NAME (First, Middle, Last	1	Business	Office Mar		Construct	tion Company
Artie	Towey	19b. MAILING AI	DORESS (Street and Numb		y Selene Number, City or Town, State, Zi	
George J. No.		06. PLACE AND DATE OF	irkwood		Woodlawn,	MD 21207 - City or Town, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Metro Cre	Cremati	on Soc	iety of Mo	imore, MD d., Inc. to., MD 21228
disease or condition resulting in desth)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  LAGRANGE CAUSE (Disease or Injury that initiated events resulting in desth) LAST						
	PART II. Other eignificant conditions contributing to destribut not resulting			given in Part	i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF	DEATH (Check on	nly one)	
1 VES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigat		ry 28b. TIME (	WORK?	28d.	Other (Specify)  DESCRIBE HOW INJURY OF	CCURED
3 Suicide 8 Could no 4 Homicide determine	building, atc. (S	IRY — At home, tarm, stre pecify)	et, tectory, office	261.	LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
one!	HYSICIAN: To the best of my kr MINER: On the besis of examina					ated, the cause(a) and manner as stated.
290. SIGNATURE AND TITLE OF CERT	Mison			CENSE NUMBER	50	SIZ193.
MATILDAH.	So , 1447	york Ro	In Luth	enille	2, MD. 210	93
31. AUG 02 1993	Julia Dandon	fandale.				

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. 1	TIME OF DEATH
	John Michael	Collins Thoma	S				4-93	TE	Art	6:30 n M
	4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			DE (State or Foreign
		1 € M 2 □ F	YRS.	ONTHS DAYS	HOURS MIN.	(Month, D	3-93	1 '	Country)	
	9a. FACILITY NAME (If not institution, give :		9		R LOCATION OF DE		2-33	9c. COUNTY	OF DEATH	
5	reater Baltimore	Medical Cente	r					Rel:	timo	re Co
KI	RESIDENCE OF DECEDENT	icarcar octice	-1	TOT	wson			Dai	TINOI	- 00
<b>E</b>	10e. STATE 10b. COUNT	Υ		TOWN OR LOCAT	ION				10d	I, INSIDE CITY
<u> </u>	Maryland		Balti	imore					1[	YES 2 NO
A	10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
8	3205 Grayson Str	eet			21216			U.S.A		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED		ENDENT OF HISPAN			or No.— 14.	RACE - /	American Indian,
	1 Never Merried 2 Married	FORCES? 1 YES			cify Cuben, Mexicar  2 NO Specify		n, atc.)		Black, Wh	
ВУ	3 Widowed 4 Divorced				,				В	lack
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION HOS		16b. Kil	ND OF BUSI	NESS/INDUST	RY	ı
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)						
MP	N/A	N/A	N,	/A			N/A			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Midd	lie, Maiden S	iumame)		
BE	John Collins, Jr	,			Shante					
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DDRESS (Street er	nd Number or Rural R	loute Number,	City or Town,	State, Zip Coo	le)	
-	Shantel T. Th	omas	3205	Grays	on St, B	alto	, MD	21216		
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Rem		PLACE AND DATE OF		me of	DATE	20c. LOC	ATION - City	or Town,	State
	4 Donation 5 Other (Specify)	Com	etery, crematory or other	r place)		1				
	21. SIGNATURE OF FUNI RAL SERVICE LI	CENSEE RODALA	Wade, Di	22. NAME AN	D ADDRESS OF FAC	ZILITY C	tate	Anat	comv	Board
	100000011	1/1/200			W. Balt				400	
-	23 PART I. Enter the diseases, or	complications that severe	Laboratorato Donos							
	shock, or haert feliure.  MMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Severe Pr	ech lina. rematurity .consequence of:							Approximate Interval Between Onset and Death
z	Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie								- 1	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	OUE TO (OR AS A	CONSEQUENCE OF):							
2	Cause, Enter UNDERLYING CAUSE (Disesse or Injury	G								
E	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resoluting in death) EAST	d,								
- 11	PART II. Other algolificant condition	a contributing to deeth h	ut not resulting in t	the underlying	Cattee given in i	Part I 24	n. WAS AN A	Impey	DAL MEI	RE AUTOPSY FINDINGS
DICAL			at the resulting in	and anderlying	Cause givan in i	ait i. 24	PERFORM		AWA	ILABLE PRIOR TO
				<del></del> -		-   1	YES 2	No X		MPLETION OF CAUSE DEATH?
ME						_			1 [	YES 2 NO
Ž										
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL	ACE OF DEATH (Che	ck only one)				
ΥS	1 YES 2 MNO	1 X Inpatient 2 D ER/Outp	atient 3 DOA 4	☐ Nursing Home	5 Residence					
표	27. MANNER OF DEATH  1 X Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOI	RK?	28d. DESCRI	BE HOW IN	JURY OCCURE	(D	
À	2 Accident Investigation				ES 2 NO					
0	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, stc. (Spec	— At home, farm, stre ify)	et, factory, office			ON (Street en own, State)	d Number or R	ural Route	Number,
<b>E</b>										
7	29e. CERTIFIER (Check only	ICIAN: To the best of my knowl	edge, death occurred a	et the time, date	end place, and due	to the cause(	end menn	er ee stated.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, i	in my opinion, de	esth occured at the t	time, date and	plece, end	due to the ce	use(a) end	f menner sa stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	BER		29d. DATE SIG	SNED (Mor	oth Day Year)
BE	MA	9	1 1	11)	D4300					-93
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)						-17
	Nathan Dunsm	ore MD - GBM	C 6701 N.	Charle	s Street	; Tows	son M	D 2120	14	
	31. DATE FILED Willowth, Day, Year)	32. PERSONALISANIE CION.								
	AUG 02 1993	Juli transes	- Rendall							
	And Av 1997	A SOLD THE PERSON OF	200							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

EBBF 3.0 EJA

	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM		78			2. DATE OF DEAT MONTH JULY		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 218-60-5725	1 x M 2 □ F 3	GE (In yrs. lest birthday)  6 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morith, Day, Yea 11/5/19	0	8. BIRTHPLACE (State or For Country) BALTIMORE, 1
SR	90. FACILITY NAME (If not institution, give LIBERTY MEDICAL			96. CITY, TOWN	N OR LOCATION OF D			TY OF DEATH
IRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			Y, TOWN OR LO				10d. INSIDE CITY
ERAL DI	MARYLAND  10a. STREET AND NUMBER		BAI	LTIMORE	101. ZIP CODE		10g. CITIZ	1 X YES 2 1
BY FUNE	2934 WESTWOOD A  11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes,	21216 ECENOENT OF HISPA specify Cuban, Maxic ES 2 XNO Speci	en, Puerto Rican, etc.	Yes or No-	SA  14. RACE — American India Black, White, etc.  Specify:  AFR AMERICA
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEOENT'S (Give kind of Ille. Do NOT us	USUAL OCCUPA work done during se retired.)	TION most of working	16b. KINO OF	BUSINESS/INDU	
BE COM	17. FATHER'S NAME (First, Middle, Last)  ALBERT TAT	ES			18. MOTHER'S NA	AME (First, Middle, Me STANSBI	,	
10	190. INFORMANT'S NAME (Type/Print) ANITA STANBURY				ot and Number or Rural D AVE, BA			
	20e. METHOD OF DISPOSITION  1 Date  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State							
	21. SIGNATURE OF PUNERAL SERVICE LI	M. Sol		ESTE	ANO ADDRESS OF FA	S FUNERAI	SERVI	
	IMMEDIATE CAUSE (Final	a. CIRRIAY	n each line.	not entar tha r	LIUE	ch as cardiac or r	espiratory arre	Approxima interval Be Onset and
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DL CO HO L LIVER PISE A SE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
ш	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in					PEF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION DF CA OF DEATH?
EDICAL	SEPSIS							1 TES 2 N
MEDICAL	SEPSIS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (CA	eck only one)		
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 // Inpatient 2 = ER/O 280. DATE OF INJUR		OTHER: 4 Nursing He	PLACE OF DEATH (C)	8 Other (Specify)	M INTIURY OCCI	1 □ YES 2 💆 N
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:  1 // Inpatient 2 = ER/O  280. DATE OF INJUR (Month, Day, Yea	RY 28b. TIM INJ	OTHER: 4 Nursing Ho BE OF 28c. I JURY M 1	ome 5 Residence NJURY AT WORK? YES 2 ND	8 Other (Specify) 28d. DESCRIBE HO		1 □ YES 2 M N
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1 // Inpatient 2 = ER/O  280. DATE OF INJUR (Month, Day, Yea	RY 28b. TIM INJ URY — At home, ferm,	OTHER: 4 Nursing Ho BE OF 28c. I JURY M 1	ome 5 Residence NJURY AT WORK? YES 2 ND	8 Other (Specify) 28d. DESCRIBE HO	eet and Number o	1 □ YES 2 💆 N
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 Propertient 2 = ER/O 280. DATE OF INJUR (Month, Day, Yee 280. PLACE OF INJUR	RY 28b. TIM INJ	OTHER: 4   Nursing Ho BE OF 28c.   1URY M 1   street, factory, of	ome 5 Residence NJURY AT WORK? YES 2 ND ffice	8 Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Str. City or Town, S	eet and Number of tate)	1 VES 2 N N URED  Or Rural Floute Number,



BALTIMORE, MARYLAND 21215-0020	Jours after death. Page 6 may be retained by the hospital or attending physician.	fillied in by the funeral director, page 5 should be detached for use as the burial-transit per on, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTI			IENTAL HYGIEN								
200-200	1. DECEDENT'S NAME (First, Middle, Last) MARTE	r		LECSKO		2. DATE OF OEATH MONTH DAY YEAR 12. DATE OF DEATH YEAR 12. 15 PM M								
	4. SOCIAL SECURITY NUMBER 214-20-5366	NUMBER  5. SEX  8. AGE (in yrs. last birthday)  FUNDER 1 YEAR  FUNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  7. DATE OF BIRTH (Month, Day, Year)  7. DATE OF BIRTH (Month, Day, Year)  7. DATE OF BIRTH (Month, Day, Year)												
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION  GLEN BURNIE  A A COUNTY  RESIDENCE OF DECEMENT													
-	10s. STATE 10s. COUNT MARYLAND AN	NE ARUNDE		PASAD				10d. INSIDE CITY LIMITS? 1 YES 2 XNO						
BE COMPLETED BY FUN	618 ELIOT ROAD		17	. 110	21122 U.S.A.									
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OCCEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2- NO	li yes, spe		C ORIGIN? (Specify Ye., Puerto Rican, etc.)	Vea or No-  14. RACE — American Indian, Black, White, stc. Specify: WHITE							
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		MAKER			BRUSH MANUFACTUR								
	17. FATHER'S NAME (First, Middle, Last)  JOHN T. GLEAS  19a. INFORMANT'S NAME (Type/Print)	SON	T 10h MAII INO AF	ODBESS (Street on	DELIAH	IE (First, Middle, Malden  GLEAS  Oute Number, City or Tow	ON							
5	MARY K. KREBS		618 E	LIOT RODISPOSITION (Name	DAD-PAS	ADNA, MAI	RYLAN							
	4 Donation 5 Dother Specify)	22. NAME AND ADDRESS OF FACILITY  DAYMOND C FINITED AT LIOM												
NOI	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significant condition	is contributing to de	eth but not resulting in	cause given in F	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO N/A							
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Chec									
B≺	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident investigation  280. OATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK?  M 1 YES 2 NO  280. DESCRIBE HOW INJURY OCCURED													
COMPLETED	3 Suicide 6 Could not be detarmined 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER													
	onel	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	92	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)												
1	SANG C. DOH, M.D 31. DATE FILEO (Month, Day, Year)	./1600 CRA	IN HIGHWAY,	SW, #20	6/GLEN E	BURINE, ME	2106	1						
0	AUG 0 2 1993	gestie tried	Mr. Madage											

PER PHONE CALL MEO M.A.K. 873/93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

22324

		1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO THE OF DEATH  1. TO									YEAR	3. TIME OF DEATH				
	1	James	Wil	lliams				28 1993				1455 M				
		4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest birthday		t birthday)	F UNDER 1 YEAR F UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			
P		215-03-913	<del>*************************************</del>	1 M 2   F	93					(Month, Day, Year) 2-8-19		900	MIC	HIGAN		
jes 1, 2, 3 should	~	Se. FACILITY NAME (If not inst	titution, give s	street and number)			9b. CITY, T	OWN OR	LOCATI	ON OF D	EATH 9c. COUNTY OF DE				EATH	
	DIRECTOR	2832 Pres	bury	Street			I	Bal	tim	ore						
	2		10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATIO	ON	1000			10d. INSIDE CITY			
<u>2</u>	듬	MD				BA	ALTIMO	RE						LIMITS? 1 X YES 2 NO		
permit. Pages	AL	10e. STREET AND NUMBER		101. ZIP CODE							EN OF W	THAT COUNTRY?				
215-0020 attending physician. ise as the burial-transit	ER	2832 PRESBURY STREET						21216					U.S.A.			
	FUNER	11. MARITAL STATUS	TEVER IN U.S. AR								- American Indian, White, etc.					
	ED BY	1 Never Married 2 Married FORCES? 1 N YES 2 IF YES, GIVE WARF OR DATES					1 YES 25 NO Specify:					Though story	Specif			
21 atter		15. DECE (Specify only	/G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						b. KIND OF E						
2121 Ital or att	LET	Elementary/Secondary (0-	Elementary/Secondary (0-12) College (1-4 or 5+)							15						
AND the hospital detached to once.	COMPL	6th	1.0		L.	ABCRI	ER	_								
ORE, MARYI 6 may be retained by ctor, page 5 should be nust be notified at	TO BE CO	17. FATHER'S NAME (First, Mid WILLIE WIL	LIAMS								ACKS	Middle, Meidl ON	en Sumame)			
		19a. INFORMANT'S NAME (7)											own, State, Zip		01.4	
		ETHEL MURR					Contract Contract			/BAL	1		ARYLAN			
		20a. METHOD OF DISPOSITION XX Burial 2 Cremation 4 Donation 5 Other (	20b. PLACE A cemetery, cre MARYL	CEAND DATE OF DISPOSITION (Name of Crematory or other place) YLAND NATIONAL MEM. PK					DATE 20c. LOCATION — City or Town, State LAUREL, MARYLAND							
death. Page tuneral dire		21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	9_					SS OF FA						
68760, ecuted within crours after or and completely filled in by the burial, cremation, or removal attic event, the medical e	_ (	WM.C.MARCH F.H./1101 E. NORTH AVENUE														
		23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence on:														
	NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):														
	S	if any, leading to immed cause. Enter UNDERLYIN	NG													
. 2 2 2	CERTIFICATION	CAUSE (Disease or Injur that initiated events resulting in death) LAST	F):													
0 5 5 0	H	resulting in death) Exist		d												
ORDS, that the dea by the att th and Menta any injury,		PART II. Other algolifican	death but not r	ot resulting in the underlying ceuse given in F					Part I.		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
ECORDS quires that the d signed by the t Health and Mer ows any injur	MEDICAL								PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
RECOI requires that seen signed of Health a shows any	Ä									thramail				1 YES 2 NO		
	AN:											tylour ""				
/ITAL FINAL RICATE HAS DE State Dept	N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	26. PLACE OF DEATH (Check only one)												
F VIT. SICIAN: The certificate of the State I, or Item	Si	1X YES 2 □ NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	g Home	5X1X6	asidence	6 🗆 Oth	ther (Specify)				
〇芸芸書	BY PHYSICI	27. MANNER OF DEATH  1 Netural 5 P	ending	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M			URY	28c. INJURY AT WORK?  1 YES 2 NO			2ad. DEŞCRIBE HOW INJURY OCCURED					
ISIC TTENDI TTOR: A after d	8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — Al home, far					n, street, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
DIV OR A DIREC hours	COMPLET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
	N N														and manner as stated.	
TO THE HOSPITAI TO THE FUNERAL TO FILED WITHIN 72 IMPORTANT: IF	ECC	29b. SIMMATURE AND TITLE OF CERTIFIER					29c, LICENSE NUM							(Month, Day, Year)		
TO THE DE FIED FIED FIED THE THE THE THE THE THE THE THE THE THE	0	Welter	nec	hull									7 29			
FFA	2	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAU	SE OF OEATH (ITE	М 27) (Туре	, Print)	TO.C.M.E. 1 07 29 1993								
( )	5	Margarita A. Korell, MD. 111 Penn Street, Baltimore, Maryland 21201														
14 15 3	4	AUG 0 2 19	bar)	32. REGISTRA	AR'S SIGNATURE			65								
		AUG 02 19	93	The David	Manda Chanda	10										

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH White DAY Zerita YEAR 7:20 A M 93 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 739 1 M 2 4 VRS -38-Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH REATOR Specialty
RESIDENCE OF DECEDENT DIRECTOR BALTIMORE HOSPITAL 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND 1 YES 2 | NO BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1832 E. 29 th STREET burfal-transit 21218 UNITED STATES rours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 \( \subseteq \text{YES 2 \subseteq NO} \) Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced use as the BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 8TH for College (1-4 or 5+) een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached i of Health and Mental Hygiene prior to burial, cremation, or removal. DOMESTIC once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUEL WHITE 7 BE AURA MOORE notified a 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 BEATRICE V. 1832 GRIFFIN 29 th BALTO MD 21218 9 20a_METHOD OF DISPOSITION

KX Burlal 2 □ Cremation 3 □ Removal from State
4 ☑ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must PARK MEM 8-RANDAL [STOWN, MD PARK examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. С. MARCH F.H.-1101 E. NORTH traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death tic esophageal cancer disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 62 gar DIVISION OF VITAL RECORDS, P.O. BOX 68760, abr CERTIFICATION Sequentially jist conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE Item 23 shows any 1 TES 2 NO 1 - YES 2 certificate has been in the State Dept. of N PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 | YES 2 00 etlent 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 4 - Nursing Ho 6 27. MANNER-OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, DIRECTOR: After this c hours after death with Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29a, CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE H 3745 9 Kro 30 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON W 31. DATA (148) MOTO 201993 ALDERBURN BEFORE BURNES 0



permit. Pages 1, 2, 3 should

22326

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		С					REG. NO					
1. DECEDENT'S NAME (First, Middle, La.						2. DATE	OF DEATN	28	9 ^{YEAR}	3. TIME OF DE	_	
DEAN  4. SOCIAL SECURITY NUMBER	CHARLES  5. SEX  6.	AGE (In yrs. la		MERMAN IF UNDER 1 YEAR		-	OF BIRTN	28		6:17	A	
215-84-1951	1 № M 2 🗆 F	22	YRS.	MONTHS DAY	HOURS MIN.	(Month	26/71		Count	MD	Foreign	
9a. FACILITY NAME (If not institution, glassification)  1117 PUNJAB RESIDENCE OF DECEDENT				ESSEX		OR LOCATION OF DEATN			9c. COUNTY OF DEATH BALTIMORE			
100. STATE 100. COU	Harford		10c, CITY	, TOWN OR LO	wne				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
100. STREET AND NUMBER 205 Bridge Dr	ive				101. ZIP CODE 21085	;		10g. CIT	USA	WHAT COUNTRY		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2		If yes,	ECENDENT OF NISP specify Cuban, Mexi ES 2 NO Spec	cen, Puerto I		s or No—	Bleck	E — American ir k, White, etc.		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5 +)	(1	Give kind of w le. Do NOT use		most of working	16b.	. KIND OF BU	SINESS/IN	DUSTRY			
11 17. FATNER'S NAME (First, Middle, Last) John H. Zimmer'm	an Cr		Const	ructio	18. MOTHER'S						-	
19e. INFORMANT'S NAME (Type/Print)		11			nt and Number or Run	I Route Numb		n, State, Zi	ip Code)			
John H. Zimmerm	dii Sr.	F			e Dr. Jog	-			1085			
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OSP	UNE	and within 79 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal
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93 22327 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1 - STATE REGISTRAR		CERTI	FICATE OF	HEALTH AND I	REG. NO		
	1. DECEDENT'S NAME (First, Middle, La						DAY YEA	
	ADAM JOHN  4. SOCIAL SECURITY NUMBER	ZENGEL 8. SEX 8.	AGE (in yrs. lest birthde	y) IF UNDER 1 YEAR	IF UNDER 24 HRB.	7 3	<u> </u>	8:45AM RTHPLACE (Stelle or Form
	213-01-3523	XX M 2 □ F	76 YRS	MONTHS DAVE	HOURS MIN.	(Month, Day, Year) 2-2-1917	Co	aryland
	9e. FACILITY NAME (# not institution, gh	ve street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
DIRECTOR	4818 Ridge Rd.			Fu]	llerton		Balt	imore
REC	10e. STATE 10b. COU	INTY	10c. (	CITY, TOWN OR LOCA				10d, INSIDE CITY
- 3	Maryland E	Baltimore			llerton			1 TES X XX
RA	4818 Ridge Rd.			10	21237		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify V	ee or No- 14. R	ACE — American Indian
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? X X	OR DATES		B 2 X NO Specify			peck, white, etc.
	15. DECEDENT'S E	DUCATION	W 11	I'S USUAL OCCUPATI	ON	16b, KIND OF BI	USINESS/INDUSTR	
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 6+)	life. Do NO	of work done during m use retired.)				
MP	7th grade		Mainta:	inence &		Lever E		
	17. FATHER'S NAME (First, Middle, Last) Henry Frederick					ME <i>(First, Middle, Maide</i> Vilhelmina		
BE	19a. INFORMANT'S NAME (Type/Print)	Zenger	19b. MAILI	NO ADDRESS (Street		Poute Number, City or To		)
5	Paul E. Zengel		5429	Princess	Drive Ba	altimore,	Marylan	d 21237
	20a. METHOD OF DISPOSITION 1 Disposition 3 R	emoval from State		TE OF DISPOSITION (Nor other place)		DATE 20c. L	OCATION - City o	e, Maryla
	4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Gardens		ND ADDRESS OF FA		Sattimor	e, Maryia
	+ Landa).	Freneral	Nome		ahn Funer			
	23. PART I. Enter the disesses, t	or complications that co	sused the death. D	7401	Relair R	d Raltim	ore Md	21236 Approxima
	shock, or heart fellul	re. List only one ceuse	on asch line.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Be
	disesse or condition resulting in death)	. CA	Protot	9				
		DUE TO (OF	AS A CONSEQUENCE	OF):			11-1	
ON	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE	APILES OF):				
CAT	If any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury	G						
F	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):				
CERTIFICATION		d						
AL	PART II. Other algolificant condit	tions contributing to de-	eth but not reaultin	g in the underlying	ng cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FI
PHYSICIAN: MEDIC						1 □ YES	2 🗆 NO	COMPLETION OF C OF DEATH?
2								1   YES 2   N
MAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Chi	ick only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   EF	R/Outpatient 3 DO/	OTHER: 4  Nursing Hor	ne 6 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJ (Month, Dey,	IURY 26b. 16ar)	INJURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED	
ВУ	2 Accident Investigation	26e. PLACE OF IN	JURY — At home, fari		YES 2 NO	28f. LOCATION (Stree	t and Number or Ru	rei Brute Number
回	3 Suicide 6 Could not 4 Homicide datermined	building, etc.	. (Specify)	.,,,		City or Town, State	(9)	ar noble rumon,
COMPLETED	29a. CERTIFIER (Check only	IYSICIAN: To the beat of my	knowledge, death occ	urred at the time, dat	and place, and dua	to the cause(a) and m	anner sa stated.	
NO	onel —	IINER: On the basis of exam						se(a) and manner as st
BE C	29b. SIGNATURE AND TITLE OF CERTIF	FIER	/		29c. LICENSE NUM	IBER	29d. DATE SIGN	NED (Month, Day, Year)
0	Liva Pfeffer M		DE DEATH CITE OF	na Odeli				
	Dr. Antonio Ra	vida Fulle	r Medical		(687-4402	2)		
				Center	1007-4402	-)		
	AUG 0 2 1993	Siche Devido	SIONATURE					

all of the following the following

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			ERTIF					REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						1000	2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
Joseph Eli		Austin,						30, 19		642 4
4. SOCIAL SECURITY NUMBER 576-10-4198	5. SEX 12 M 2 F	6, AGE (In yrs. In 75	YRS.	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF (Month, L		Cou	THPLACE (State or Foreign ntry)
9a. FACILITY NAME (If not institution, give	street and number)		733	9b. CITY, 1	TOWN OR	LOCATION OF			COUNTY OF	
Greater Baltin	more Medi	cal Center Towso							IMORE	
MD 10b. COUNT	BALTIMORE		10e. CIT	Y, TOWH OR	nium			l Tal		10d. INSIDE CITY LIMITS? 1 YES Y NO
100. STREET AND NUMBER  11 Misty Wood	Circle	Ар	t. B	77	10f. Z	IP CODE 2109	3	104	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	AR OR DATES	RMED NO	103	yes, speci		NIC ORIGIN? ( an, Puerto Ric	Specify Yea or N an, etc.)	14. RA	CE — American Indian, ock, White, atc. scily: White
15. DECEDENT'S EDU (Specify only highest grade		((	Give kind of	USUAL OCC		of working	16b. K	IND OF BUSINES	SS/INDUSTRY	WILL CO
Elementary/Secondary (0-12)	College (1-4 or 5 d	- 100	e. Do NOT u	se retired.)						
17. FATHER'S NAME (First, Middle, Last)			Car	pente		IS MOTHER'S N		Constru		
Joseph Eliot	Austin.	Sr.	IF-	31			me Wad		arrio)	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (	(Street and	Number or Rura	Route Number,	City or Town, Sta	nte, Zip Code)	
Joseph Eliot Au	ustin. II	I	4	D Haz	zy Mo	orn Cou	rt, Ti	monium	MD 2	1093
20a, METHOD OF DISPOSITION 1 Burial 2 Tr Cremation 3 Ram	noval from Stata	20b. PLACE cemetery, cr		OF DISPOSIT	TION (Name	ool	DATE	20c. LOCATIO	ON — City or	Town, Stata
4 Donation 3 Other (S)	-	Metr	o Cre	mator	cy. I	Inc.	7/31	193	Catons	ville, MD
21, SIGNATURE OF FUNERAL BERFICE LI	CENSES					ADDRESS OF F		12 . 1 . C	13 T-	
Lowell M.	Lemmon	u		1				liedefe:	_	
23. PART I. Enter-the diseases, or shock, or heart failure.	complications the	t caused the d			LU.W.	. Pagor	172 KO -	LIBO		MD 21093
	List only one cau	se on each lin	e.	not antar ti	he mode	of dying, au	ch as cardle	c or respireto	ry arreat,	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIO	PULMC	o. ONARI	Y ARR		of dying, au	ch as cardle	c or respireto	ry arreat,	Onset and Death
IMMEDIATE CAUSE (Final disease or condition	a. <u>CARDIO</u> DUE TO	PULNIC	o. ONARI	Y ARR		of dying, au	ch an cardle	c or respireto	ry arreat,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions,	a. CARDIO DUE TO b. CACHEX	PULNIC	ONARS	Y ARR		of dying, au	ch an cardle	c or respireto	ry arreat,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CARDIO DUE TO  b. CACHEX DUE TO	PULMC (OR AS A CONSE	e.  NAR S  EQUENCE O	<i>Y ARR</i> ল:		of dying, au	ch as cardle	c or reapireto	ry arreat,	Interval Between Onset and Deat IMMEDIA
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020



FOR

1 - STATE REGISTRAR	OMIL OF MARITIMA	CERTIF	ICATE OF		MENIAL	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) GORDON		ALENA			2. DATE OF MONTH		YE	3. TIME OF DEATH			
	R.				08	01	1993	5:50 P M			
120 0 10	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF (Month, D) 2 - 2	lav. Ybari		IRTHPLACE (State or Foreign ountry)			
	98. FACILITY NAME (If not institution, give street and number)  FRANCIS SCOTT KEY HOSPITAL  96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  96. COUNTY OF DEATH  BALTIMORE										
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY			
R MD U.S	5	100.071	BALTO					LIMITS?			
100. STREET AND NUMBER  627 9. FAG 18  11. MARITAL STATUS  1 Name Married 2 Married	y 5T		10	2/2/2	24		10g. CITIZEN	OF WHAT COUNTRY?			
3 Widowed 4 Divorced	FORCES? 1 TYPES  IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISP ecity Cuban, Max 2 NO Spe	can, Puerto Rica	Specify Yes o an, etc.)		RACE — American Indian, Black, Whita, atc. Specify:			
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 1 Impleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ast of working	16b. Ki		NESS/INDUST				
dw	5+	MeDic	AL PHYS	ician .		11/5	Dica	L			
17. FATHER'S NAME (First, Middle, Last)  JOSEPH AH-12	NA			16. MOTHER'S	AME (First, Mick		N OW N	)			
19a INFORMANT'S NAME (Non-Print)	,	19b. MAILING	ADDRESS (Street					0)			
	STINANELLI'	627		GIEY	57						
20a, METHOD OF DISPOSITION  1 Description   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management   Management	ni from State gamete	LACE AND DATE ery, cremetory or o		_	SAS	20c. LOCA	ATION — City	or Town, Stata			
21. SIGNATURE OF FUNERAL SERVICE LICEN				ND ADDRESS OF	FACILITY'S OA	s Fu	NERM	Home			
I day All 1	olf Mor			S.470		Ba	ITO 7	4202 md			
23. PART L'Enter the diseases, or con shock, or heart failure. Lis	mplications that ceused to st only one ceuse on eac	he deeth. Do h line.	not enter the mo	oda of dying, s	ich as cardia	c or reapira	itory arrest,	Approximata Interval Between			
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Chronic (DUE TO (OR AS A C	Obstru	ctive	Pulmon	ary Di	seas	е	Onset and Death			
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE O	f):								
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	DNSEOUENCE O	F):								
	contributing to death but	not resulting	in the underlyin	a cause alven	in Part I 24	Le. WAS AN A	UTD95V	24b. WERE AUTOPSY FINDINGS			
Diabetes Mel		not roughting	an the underlyin	y cause given		PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
					_ ]	INQUI	RY	1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (	Check only one)		4.5				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOSPITAL:	ient 3 🗆 DOA	OTHER:			and i					
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIR	E OF 28c. IN.	JURY AT			JURY OCCURE	D			
Natural 6 Pending investigation	(Month, Day, Year)	IN.	M 1 🗆	YES 2 NO							
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm,	street, factory, offic	•	26t, LOCATI City or	ON (Street and Town, State)	d Number or R	ural Route Number,			
(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowled On the besis of exemination a										
	00		,, opinion, (	29c. LICENSE N				NED (Month, Day, Year)			
O 130, NAME AND ADDRESS OF PERSON WHO	WA.	14	1000	0.C.				2-1993			
MARIO F GOLVE	170 1/		Print) Penn St	reet,	Baltin	nore,	Mary	yland 2120			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URF									

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlar, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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213-48-9249	1   M 2   X F	96	YRS.		DAYS	HOURS MIN.	O 7	18 18	97	Count	ny)
Da. FACILITY NAME (If not institution, give	atreet and number)	30		9b, CITY, 1	TOWN O	R LOCATION OF D				NTY OF D	RYLAND
MERIDIAN NURSI	NG HOME HA	AMMONDS	LANE			YN PARK			1227100		ARUNDEL
Oa. STATE 10b. COUR	TY		10c. CIT	TY, TOWN OR	LOCATI	ION					10d. INSIDE CITY
MARYLAND AT	NNE ARUNDI	EL	GLE	EN BUR	NIE						LIMITS?
0e. STREET AND NUMBER					_	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
101 OAK AVENUE	(FERNDAL	E)				21061			U.S	. A.	
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced		NT EVER IN U.S.	ARMED	17	AS DECE yes, spe	ENDENT OF HISPAI city Cuban, Maxica 2 NO Specif	in, Puerto				E — American Indian, k, White, atc.
15. DECEDENT'S EC		18a,	DECEDENT'S				166	. KIND OF BU	SINESS/INI	DUSTRY	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	Itte. Do NOT u	work done du ise retired.)	inng mos	at or worlding					
3	NONE		HOMEMA	KER				OH NW	ME		
7. FATHER'S NAME (First, Middle, Lest) UNKNOWN	BECK	TOLD		415		16. MOTHER'S NA UNKNOV		Middle, Maiden	Surname)		
9a. INFORMANT'S NAME (Type/Print) MR. PAUL A. DITZ	EL.					nd Number or Rural					MD. 21061
On. METHOD OF DISPOSITION		001.011						<u> </u>			
□ Buriet 2 💢 Cremetion 3 □ Re □ Donation 5 □ Other (Specify)	moval from State	cemetery,	crematory or o	other place)		ne of	7/3		CATION —		MARYLAND
1. SIGNATURE OF FUNERAL SERVICE	ICENSEE	- METH	RO CRE			D ADDRESS OF FA		3   56	JI IIIC	,,,	PARTUAND
+ SP Klen	2/	4.		SI	NGLI	ETON FUN	ERAL	HOME			
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

YEAR

1993

3. TIME OF DEATH

3:000

2. DATE OF DEATH MONTH 07-29-

EVELYN

LOUISE

ANDERSON

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTHPLA	CE (State or Foreign
212-42-9		1 🗆 M 2 💢 F	83	YRS.	MONTHS	DAYS H	HOURS MIN.		Day, Year) 0/191	.0	Country)	ID
12799 Tri	adelp	hia Roa	d				icott				TY OF DEATH	
RESIDENCE OF DE	10b. COUNT									1101		
MD	How				y, town or lico							I. INSIDE CITY LIMITS? YES XX NO
100. STREET AND NUMBER		phia Ro	ad			10f. Z	21043	3		10g. CITIZ	U.S.	
11. MARITAL STATUS 1 Never Married 2 State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF	RMED NO	ff y	res, spect	IDENT OF HISPAI Ity Cuban, Mexica NO Specif	en, Puerto Ric		or No-	Black, WI	American Indian, inte, etc.
15. DE (Specify on Elementary/Secondary (	DEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5	(G	live kind of a Do NOT us	usual occi work done dur se retired.)	ing most o	of working		wn Ho			
17. FATHER'S NAME (First, A	entra e	Zepp					Anna L					
190. INFORMANT'S NAME (	Type/Print)		19	6. MAILING	ADDRESS (S	Street end	Number or Rural	Route Number	City or Town	State, Zip	Code)	y,MD 21
20e. METHOD OF DISPOSIT XXBuriel 2 Cremati 4 Donation 5 Othe	TION on 3 - Rem			AND DATE	OF DISPOSITI	ON (Name	e of	DATE	20c. LOC	ATION — C	ity or Town,	State
21. SIGNATURE OF FUNERY		ENGER /	/	0535	22. NA	ME AND	ry 8 address of fa ck Fun	CILITY				11e, MD
Sequentially list condition resulting in death)  Sequentially list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diate ING ury	b. Due to	(OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	OUENCE OF	F):	37						
PART II. Other algorifica	ant condition	a contributing to	deeth but not r	reculting	in the unde	erlying c	ause given in		4a. WAS AN A PERFORM	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APPLETION DF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLAC	DE DF DEATH (Ch	eck only one)				
1 YES 2 NO		1 Inpatient 2 2		DOA 286. TIM		g Home Sc. INJUR	5 Residence					
	Pending investigation	(Month, D	lay, Year)	INI	URY M	WORK 1 YES	2 NO	28d. DESCR	RIBE HOW IN	JURY OCC	JRED	
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	ime, farm, s	street, factory	, office		28f. LOCATI City or	ON (Street en Town, State)	d Number o	or Rural Route	Number,
		CIAN: To the best of R: On the beels of e										menner es atated.
SIGNATURE AND PITTLE	OF CERTIFIER						SO ( -				sicken Mor	
31. DATE FILED (Month, Day,			R'S SIGNATURE		rrint)			· · · · · · · · · · · · · · · · · · ·	<u>-</u>		1	

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TO BE COMPLETED BY FUNERAL DIRECTOR

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direct		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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525	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	Eem
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	44002
1. DECEDENT'S NAME (First, Middle, Last)  Agata	Arcilesi				2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	07-30-199		12:20 P. M
217-03-3753	1 🗆 M 2 福辛		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-29-1898	Cour	
9a. FACILITY NAME (If not institution, give str		91	b. CITY, TOWN C	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
2911 E. Northern	Parkway		Baltir	more			
10a. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAL	ION			10d, INSIDE CITY
Maryland		Balt	imore				LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2911 E. Northern	Parkway			21214			WNAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IF	IIIS ARMED			IIC ORIGIN? (Specify Yes	U.S.A.	
1 Never Married 2 Married 3 TWidowed 4 Divorced	FORCES? 1 TYES	2 - NO	If yes, sp	ecify Cuben, Mexica 2 2 NO Specify	n, Puerto Rican, etc.)	Bla Spe	CE — American Indian, ck, White, etc. Ite
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BUS		100
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo stired.)	st of working			
8th Grade		SEamst	ress		Retire	d	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Salvatore diTro	pani						
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		1 01007
Joseph D. Arcilest					Kingsville		
© Gurial 2 ☐ Cremation 3 ☐ Remort	val from State 20b	PLACE AND DATE OF D etary, crematory or other HOLY REDE	placa) emer Ce	meterv		timore.	Town, Stata Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		11012) 11200	22. NAME AN	ID ADDRESS OF FA	CILITY		, , , , , , , , , , , , , , , , , , , ,
*Kathlun	h. hurry	ly	6415 E	. Miller elair Ro	ad, Baltim	ore, Ma:	ryland 21206
23. PART 1. Enter the diseases, or co	emplications that daused	the death. Do not	enter the mo	de of dying, suci	h aa cerdlec or reapl	ratory srrest,	Approximate
IMMEDIATE CAUSE (Final	M. A. A. A. A.	/		/ \			Interval Between Onset and Death
disease or condition resulting in death)	I'vy ca	Prolit	-ETA	tour	121597	Der	12 mas
	ON CON AS A	CONSEQUENCE OF):	har 110	kotace	al Polo	201	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	10 110	410	7	().	
CAUSE (Disease or injury	HThere	Solero	7c	NEAR	7 Uns	CASE	2
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
d.							
PART II. Other significant conditions	contributing to death be	ut not resulting in t	ha underlying	ceuse given in	Part I. 24a. WAS AN . PERFOR		B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 🗀 YES 2		COMPLETION OF CAUSE OF DEATH?
							1 TES 2-40
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	~	26. PL THER:	ACE OF OEATH (Ohe	ick only one)		
	1 Inpatient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Home	5 Residence	8 Other (Specify)		
27. MANNER OF DEATH  1. Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	286. TIME O	WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCUREO	
2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	- At home, farm, atres			281. LOCATION (Street a	and Alumbar on Dural	South Mumber
4 Homicide 6 Could not be	building, etc. (Spec	ify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	no reamour or nurur	Noble Number,
	AN: To the best of my knowl						
	On the basis of examination	and/or investigation, is	n my opinion, de	eath occured at the	time, data and place, and	I due to the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Tothus	- 1111	0	29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pris	11 110	10 14	7/1 5D	0 %	0[1]
31. DATE FILED (Month, Day, Year)	13971US	· ND	He	Tepe	BRIN W	DY	11)(
AUG 0 3 1993	12. REGISTRAR'S SIGNA	Angla EL		,	(		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 75 hours after feath with the State flant of Health and Mental Horiene prior to burial commention or removal
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	SIAIE UF #		ERTIF	ICAT	E OF	DEAT	AND !	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) RAYMON	b F	RANC			BR.	108		2. DATE MONT			YEAR 3	TIME OF DEATH
-3	4. SOCIAL SECURITY NUMBER 218 - 05 - 6116	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year) - 12		Country)	ACE (State or Foreign
R	PALLSTON GENERAL	reet and number) RAL Hi	ASOITA.	,			STO	/		12	9c. COUNT		тн
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	DAL TIL	DEI ITT					70			147	475	OK)
DIRECTOR	maryland			10c. CIT		OR LOCAT							Od. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER						ZIP CODE	E			10g. CITIZE		YES 2/ NO
FUNERAL	607 A DEMBYTOWN	RD.	0.				2108	85			UNIT	ED S	STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE	YES 2			If yes, spe	ENDENT Color Cuba 2 // NO	n, Mexica	n, Puerto	f? (Specify Ye Rican, etc.)	s or No- 14	Specify:	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7 T H	ATION completed) College (1-4 or 5		ECEDENT'S Give kind of v e. Do NOT us	vork done			ng	166		SINESS/INDUS		
MO	17. FATHER'S NAME (First, Middle, Last)					_	18. MOTI	HER'S NA	ME (First, i	APG Middle, Meiden			
BE C	JAMES F. BRICE									DERSO			
2	19a. INFORMANT'S NAME (Type/Print) MARY BRICE		15								m, State, Zip C		
	20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE				IN R	U.	JOPPA E 20c LO	CATION — CR	210	
	1X Burial 2 Cremation 3 Remo		cometen. c	RISO	her place	ORE	ST		8-	- 7	INGS	MII	4.14.25
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	10	300			C . M		100			NO	RTH AVE.
	23 PART I. Enter the diseases, or c shock/or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications the list only one cau	se on each lin	lms					h as can	diac or resp	iratory arres	st,	Approximata Interval Between Onset and Death
z		DUE TO	OR AS A CONSE	OVENCE OF	te	Vic	bro	na	ry	du	rease	2	
SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	7):				0				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to	death but not	resulting !	n the u	nderlying	Ceuse (	given in	Part I.	24a, WAS AN PERFOI 1 YES 2	MED?	CO	PRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHE	R:	ACE OF D						
	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 3 28e. DATE OF (Month, D.	INJURY	26b. TIM		28c. INJ WO	PIK?		_		NJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, fac		'ES 2 [	NO	26f. LOC City	ATION (Street or Town, State)	end Number or	Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one)												
띪	2 MEDICAL EXAMINER  29h. SIGNATURE AND TITLE OF CENTIFIER	On the basis of e	semination end/or	Investigatio	n, In my e	opinion, d		ed at the		and place, ar	29d, DATE S		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)		10	01	10			-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	510 0101147177			-							

AUG 0 3 1993

grine Davidson-Randalle

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Salvatrice

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1 M 2 TYF DAYS HOURS 216-28-6277 81 March 19, use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Joseph's Hospital Towson RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE TOWSON FUNERAL 10a. STREET AND NUMBER 20 Dunvale Rd. 21204 after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If was specify Cuben, Mexican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO 11. MARITAL STATUS 1 Never Married 2 Merried 1 YES 2 NO ΒY IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) jo Elemantary/Secondary (0-12) College (1-4 or 5+) detached Seamstress once. 17. FATNER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) by the funeral director, page 5 should be removal. Ħ Joseph Giordano Rose Vazzana notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9203 Green House Circle, Baltimore, MD Joseph Bonomolo e 20s. METHOD OF DISPOSITION

1 SY Buriel 2 Cremetion 3 

4 Donation 5, Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of must vulancy Valley Mausoleum 7/30/93 21. SIGNATURE OF TURENAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. Bryan W. Clary medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or beart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final 24 h and completely fille burial, cremation, disease or condition the MYOCARDAL ACUTE resulting in death) within event, executed Ha traumatic CERTIFICATION Sequentially list conditions, the attending physician ar Mental Hygiene prior to t if any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 death ( shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL has been signed by 1 Dept. of Health and PHYSICIAN: We 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) The Item : After this certificate I death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES PONO OR ATTENDING PHYSICIAN: e 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Netural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide DIRECTOR: A hours after de item 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 69 ETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. COMPL IMPORTANT: IF 2 MEDICAL EXAMINER: On the beste of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 王물 2 2 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ba Yin. Oung, 8022 Belair Road, Baltimore, MD 21236 A REGITAL SIGNATURE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

G. Bonomolo

6. AGE (In yrs. lest birthday)

93 22334 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR July 27, 1993 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign 1912 Sicily 9c. COUNTY OF DEATH **Baltimore** 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Clothing 21236 DATE 20c. LOCATION - City or Town, State Timonium, MD 10 W. Padonia Rd., Timonium, MD 21093 Approximate interval Between Onset and Daath 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

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29d. DATE SIGNED (Month, Pay, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Las RONALD	0 GEORGE BOWE.		2. DATE OF DEATH MONTH DATE 8/1/19		3. TIME OF DEATH 9:15A		
	4. SOCIAL SECURITY NUMBER  214-30-4207  9a. FACILITY NAME (If not institution, give	1 🖾 M 2 🗆 F	59 YRS. MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 20,	1934 B	HRTHPLACE (State or Foreign country) SALTIMORE
CTOR	Greater Baltimo				VSON	BEATH	9c. COUNTY	'IMORE
DIREC	10a. STATE 10b. COUR		10c. CITY, T	N ARM	TION			10d. INSIDE CITY LIMITS Y 1 YES 2 NO
ERAL	13103 Dulane	y Valley Rd.		10	2105	7	10g. CITIZEN	OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ANO	If yes, ap		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) lly:		RACE — American Indian, Black, White, atc. Specify: WHITE
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work We. Do NOT use n	UAL OCCUPATION done during months done during months direct.)	ist of working	16b. KIND OF BUS		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
TO BE	George Marti  19a. INFORMANT'S NAME (Type/Print)  Mrs. Ronald G.				and Number or Rural	e Stansbury Route Number, City or Tow	n, State, Zip Cod	,
1	20exMETHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 4 Donation 8 Other	emoval from State 20b.	PLACE AND DATE OF to	DISPOSITION (Na	ame of	1ev Rd . G	CATION City	or Town, State
	21. SIGNATURE OF SURFILL SELEVICE LOWE 11	Lemmon	on va	Lemi	non-Mitc		feld, I	nc.
CERTIFICATION	23. PART I. Enter-the diseases, o shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. ANE MI)	CONSEQUENCE OF):  TIC  CONSEQUENCE OF):  A	PROS		CANCER		Interval Betwee
MEDICAL	PART II. Other significant conditi	ons contributing to desth bu	it not resulting in t	he underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING: AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER/Outpl 26a. DATE OF INJURY (Month, Day, Year)		THER:  Nursing Horn F 26c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D
ETED	3 Suicide 6 Could not b 4 Homicide determined	28a, PLACE OF INJURY building, etc. (Speci	At home, farm, stre- fy)	et, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPL		SICIAN: To the best of my knowled NER: On the basis of examination						use(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	A. Mese	MD /	) A	D34-1	84	1804	MED (Morth, Day, Year)
20	AUG 03 1993	MZEME James Sugar July Davidson-Hon	TURE	7801	INK !	20 #300	Tour	m02120

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF					MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last) LINDA BRASS	ARD						JULY 27, I	993	VEAD	:50 A.M. M		
	4. SOCIAL SECURITY NUMBER 009-36-4431	19-36-4431 1 M 2 F 43 YRS. MONTHS DAYS HOUPS MIN. 5/17/19								Country)	VT .		
TOR	98. FACILITY NAME (If not institution, give stre THE JOHNS HOPKINS RESIDENCE OF DECEDENT		RE CI	CITY									
DIRECTOR	10a. STATE 10b. COUNTY  VT .	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  WT . BURLINGTON  STREET AND NUMBER 10f. ZIP CODE 10g								10d. HSIDE CITY LIMITS? 1 XYES 2 NO			
RAL	10s. STREET AND NUMBER									U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, spec						IIC ORIGIN? (Specify Yei n, Puerto Rican, etc.)			American Indian, hita, etc.		
COMPLETED							9	GROCE			WILLE		
BE CO	17. FATHER'S NAME (First, Middle, Last) FRANK PETERS							ME (First, Middle, Maiden					
10	19a. INFORMANT'S NAME (Type/Print)  RODGER BRASSARD							Poute Number, City or Tow BURLINGT			5401.		
	20a, METHOD OF DISPOSITION  1 X Surial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	rel from State		ary cremetory or other place)						C. LOCATION — City or Town, Stata BURLINGTON, VT.			
	21. SIGNATURE OF FUHERAL SERVICE LICE  William R.	Varia_	Щ	22. H	HI		W.	JENKINS K RD. BA					
L CERTIFICATION	shock, or heert feilure, L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditione	malignation of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the	AS A CONSEQUENCE DE C faller IS A CONSEDUENCE DE SONSEDUENCE DE POST ALLE	n:	ic	bove	м	ruon tea			Interval Between Onset and Death 1-2 min 7 days 3 days 25 days		
PHYSICIAN: MEDICAL	acré nuyela gene							PERFORM  1 OF YES 2  1 Mute	RMED?	AMA COI OF	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 PHO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outputient 3 DOA	OTHER:				eck only one)					
ВУ РНУ	1 Ves 2 No 1 Manufer of Death  28a. DATE OF HJURY (Morith, Day, Year)  28b. Time OF Lacident Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square Square							- 6					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (3	URY — At home, farm, a Specify)	ntreet, factor	ry, office			28t. LOCATION (Street City or Town, State)	and Number o	r Rural Route	Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICE EXAMINER										d menner as stated.		
TO BE	299. SIGNATURE AND TITLE OF CERTIFIER  BAH (ALM)		_	On col	logy	29c. LICE	J79		29d. DATE	/ /	onth, Day, Year)		
	HISCA CORY, MD	Departe	went of OK		5.	John	H	optims Hos	pial				
)	AUG 03 1993 4	he Davidson-1	andell										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARY REGISTRAR	LAND / DEPAR	RTMENT OF H	BEATH AND	MENTAL HYGIENS			
	1. DECEOENT'S NAME (First, Middle, Last)  ELEANOR	G. BAR	RETT		2. DATE OF OEATH MONTH DATE OF OZ-		3. TIME OF DEATH 12:30 P.M	
	003-03-3507 1□MXXF	74 vrs.	IF UNDER 1 YEAR MONTHS DAYS	Coun	HPLACE (State or Foreign try)  RYLAND			
TOR	9a. FACILITY NAME (If not institution, give street and number)  303 NORTHWIND ROAD  RESIDENCE OF DECEDENT	36. 600						
DIRECTOR	MARYLAND BALTIMORE	10c. CIT		10d. INSIDE CITY LIMITS? 1 YES XX NO				
FUNERAL	10e. STREET AND NUMBER  303 NORTHWIND ROAI		101	2120	4	10g. CITIZEN OF	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married XX Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S ALNO	II yes, sp	ecity Cuban, Mexica  XXXVO Specify	IIC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)	Spec	CE — American Indian, ck, Whita, stc. city:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 YEARS  College (1-4 or 5+)	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)  (Cive kind of work done during most of working life. Do NOT use retired.)						
BE CON	17. FATHER'S NAME (First, Middle, Last)  RUFUS K. GOODEN	IOW			ME (First, Middle, Maiden S ANOR HOU			
TO E	19a, INFORMANT'S NAME (Type/Print)  ISABEL B. RICH (DAUGH	19b. MAILING	NORTHWI	ND RD.	ROUTE Number, City or Town, RUXTON, M	State, Zip Code)	D 21204	
	4 Donation 5 Other (Specify)	ob. PLACE AND DATE ( emetery, cremetory or or or or or or or or or or or or or	of disposition (Na ther place) DGE CEM	me of SETERY	1	ATION — City or T	E, MD - 21208	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **R.H. Rulli		I.	IENRY YORK RO	W. JENKIN DAD, BALTI	S & MORE, M	SONS D. 21212	
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF	culum	lun  Du	a es cardiec or respira	atory arreat,	Approximate interval Between Onset and Death  Www.Mz  Years	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death	but not resulting i	in the underlying	cause given in	Part I. 24a. WAS AN AN PERFORM	ED?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES XX NO	Inetient 3 DOA	OTHER.	ACE OF DEATH (Che				
ВУ РНУ	27. MANNER OF DEATH  XX Natural 5 Pending (Month, Day, Year, 2 Accident Investigation	28b, TIMI	E OF 28c. INJURY WOR	JRY AT	28d. DESCRIBE HOW INJ	JURY OCCURED		
	3 Suicida 6 Could not be detarmined 28a. PLACE OF INJUI building, etc. (Sp.	RY — At homa, farm, a secify)  NA	treet, factory, offica		261. LOCATION (Street and City or Town, State)	d Number or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my known one)	wiedge, death occurre ion and/or investigation	d at the time, data : n, in my opinion, de	and place, and due	to the cause(a) and manne time, data and place, and	er as stated. due to the cause(s	s) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Schli	M	29c. LICENSE NUM	99	29d. DATE SIGNED  ▶ 08-0		
-		D., 9 E		SE STRE	EET, BALTO	.,MD.	21202	
	31. DATE FILED (Month, Day, Year)  ALLG 02 1993	ALME.						

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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be refained by the hospital or attending physician. Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transperment. The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transporter. Prove 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		1 - FOR REGISTRAR	STATE OF MARYLAN	ID / DEPAI CERTIF	RTMENT OF	HEALTH AND		GIENE a. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	. BUCHA.	NAN	/		2. DATE OF DEA	ТН	SEAR STREET OF DEATH		
9			5. SEX 6. AGE (In y	Country) Md							
2, 3 should	TOR	Se. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center  Balto  RESIDENCE OF DECEDENT  9b. CITY, TOWN OR LOCATION OF DEATH  Balto									
(A)	DIRECTOR	Md 106. COUNTY 106. CITY, TOWN OR LOCATION 10d. Balto 1 $\overline{\mathbb{N}}$									
ian. trans pen	FUNERAL	10e. STREET AND NUMBER  3919 Bateman A				21216		CITIZEN OF WHAT COUNTRY?			
21215-0020 al or attending physician. for use as the burial-trar	BY	1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	3 ☐NO	If yes, s	CENDENT OF NISPA pecify Cuban, Mexico S 2 X NO Specif	an, Puerto Rican, e	ify Yes or No — 1 c.)	4. RACE — American Indian, Black, White, etc. Specify:		
21215-0 ital or attending I for use as the	LETED	15. DECEOENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	TION 16 propleted) College (1-4 or 5 +)	e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ION lost of working	16b. KIND (	OF BUSINESS/INDU	STRY		
MARYLAND 2 retained by the hospital 5 should be detached fo notified at once.		17. FATNER'S NAME (First, Middle, Last)	Masters	Tea	cher	16. MOTHER'S NA	AME (First, Middle, A	felden Surneme)			
MARYL retained by 1 5 should be notified at		George Buchana  190. INFORMANT'S NAME (Type/Print)	an	Leas man me		Nell		uchanai			
		John R. Ford		30.		end Number or Rural			^{∞∞)} 4d 21216		
Page 6 may be all director, page mer must be a		20e. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remon	rel from State cemeter		OF DISPOSITION (N		OATE 2	c. LOCATION — CI	ty or Town, State		
ALTI death. P e funeral al. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	March		Marc	ch F/H-V	West 43	00 Waba	ash Ave		
24 hours filled in t ion, or re		23. PART I. Enter the diseases, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	st Dnly Dne ceuee on eech	line.					Interval Between		
BOX 68760, attemption to burial, crematic event, in traumatic event, in traumatic event, in traumatic event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event, in the second event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event event eve	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONGESTO DUE TO (OR AS A CO	INSEQUENCE O	STRU	CTIVE	PuLm.	DONAR	YDJBE		
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uires that the signed by the Health and M	MEDICAL (	PART II. Other significent conditions	contributing to deeth but i	not resulting	in the underlyin	ng ceuse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
law law bept.	AN:	25. WAS CASE REFERRED TO MEDICAL									
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PHYSICIA this certii with the	РНУ	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN.	JURY AT		OW INJURY OCCU	RED		
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OF VESTON OF VI OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St Item 28 Is marked, or It	LETED	4 Nomicide determined	HOME				City or Town,	State)			
4 4 2 5	COMPL	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledg On the basie of examination en	e, death occum	on, in my opinion,	e end place, end due death occured et the	to the cause(s) en	d manner es stated ce, end due to the	couse(s) and manner as stated.		
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	290 SIGNATURE AND TITLE OF CERTIFIER  -80. NAME AND ADDRESS OF PERSON WHO	- {	MI	> .	29c. LICENSE NUI	MBER 7/	29d. DATE S	11GNEO (Month, Day, Year) 8-02-931		
10		4630/ PARK	HEIGHTS	DVI	E B	ALTIME	RE,	MO	21215		
		AUG 8 199	32. REGISTRAR'S SIGNATURE	on-Rand	AL.						

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	1 - STATE REGISTRAR		STATE OF I	WARYLAND C	DEPAR	RTMENT ICATE	OF HEAD	JH AND	MEN	TAL HYGIE REG. N	NE	•	22339
	1. DECEDENT'S NAME (First,	Middle, Last)								ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Ulysse			Br	own							993	6:41 P. M
	4. SOCIAL SECURITY NUMBER 218 - 56 - 2	317	5. SEX	6. AGE (In yrs. In 3 9	st birthday) YAS.	IF UNDER 1	YEAR IF I	MDER 24 HRS.	7. D/	ATE OF BIRTH Conth. Day. Year)			HPLACE (State or Foreign
	9e. FACILITY NAME (If not ins			33	7 HS.	9b. CITY, T	OWN OR LO	CATION OF		1-24-		NTY OF D	
OR	Mary land			ov Infi	rmiı					+ 57	30.000	WITT OF E	ZZAIII
5	RESIDENCE OF DEC	EDENT 10b. COUNTY		<u> </u>				more		LV			
DIRECTOR	Md	Balt	Total of Location									10d. INSIDE CITY LIMITS? 1 YES 2 NO	
VÉRAL	3321 Ke	lox R	Rd.   10f. ZIP CODE   10g. CITIZEN OF U.S.										
COMPLETED BY FUNERAL	11. MARITAL STATUS  1 Never Married 2   1  3   Wildowed 4   Divor	Married	FORCES? 1 YES 2 WO It yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White,							E — American Indian, k, White, etc.			
Ė		POENT'S EDUCA highest grade co		(0	ive kind of a	USUAL OCC	UPATION	vorkina		16b. KIND OF B	USINESS/IN	DUSTRY	
MPLE	Elementary/Secondery (0- 12th		College (1-4 or 5 -		. Do NOT us	se retired.)							
BE CO	17. FATHER'S NAME (First, Mic Arthur	Brown	1					Mar	У	Johns	on		
10	Mary Brown			19	3 3 2 1	ADDRESS (	Street and Nu elox	R d	B a	lumber, City or To			7
	20e. METHOO OF DISPOSITION  1 X Burlet 2 Cremettor  4 Donation 5 Other (	n 3 🗆 Remov	al from State	20b. PLACE	Matory M	PERPENDIT	on(Name of al P	ark		26/93	Ran	dall	own, State Istown, Md
	21. SIGNATURE OF PUNERAL	SERVICE LICE	YOEE			22. NA	ME AND AC	ORESS OF I					•
	- You	ra E	bron	V						0 Wab			
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	al	NARCOTIO	It caused tha delise on each line C INTOXICA (OR AS A CONSE	TION		ne mode o	dylng, su	uch ss c	cardiac or rea	piretory sn	rest,	Approximate Interval Between Onset and Death
	Committee of the second												
CATION	Sequantially list condition if any, leading to immed cause. Enter UNDERLYIN	llate NG	OUE TO	(OR AS A CONSE	DUENCE OF	F):							
SERTIFICATION	If any, leading to immed	liate NG ry c.		(OR AS A CONSE									
MEDICAL CERTIFICATION	If any, leading to immed cause. Entar UNDERLYIN CAUSE (Disease or injur that initiated events	liate NG ry c.	DUE TO	(OR AS A CONSE	DUENCE OF	P):	erlying cau	se given i	n Part I		N AUTOPSY PRMEO?	246	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
4	If any, leading to immed cause. Entar UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	Iste NG c d d	DUE TO	(OR AS A CONSE	DUENCE OF	P):				PERFO	RMEO?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immed cause. Entar UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST  PART II. Other significant in death) LAST  25. WAS CASE REFERRED TO EXAMINER?  YES 2 NO  27. 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PLACE of g Home 5   Gc. INJURY / WORK? 1   YES / office on, date end p lion, death c	DF DEATH (C)   Residence   T	Check only 28d. I UNI 28t. I BAL se to the terme, d UMBER M . E	PERFO  Ves  Wher (Specify)  DESCRIBE HOW  (NOWN  OCATION (Stree Sity or Town, Stat  I I MORE  ceuse(e) and m  late and place, of	Penit INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC  INJURY OC	or Aural II ORRES	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Poute Number, T STREET  a) and manner se stated.  (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 22340

	1 - STATE REGISTRAR	STATE OF	MAHYLA	ND / DEPAR CERTIF					MENTAI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	James R. Boy									02-9		TEAR	6:30p M
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH , Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	263-44-4094	Ø□ M 2 □ F	12 M 2 F 0 1 YRS. 09-08-31 Flo										
~	9e. FACILITY NAME (If not institution, g	9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									EATH		
ē	700 Sonne Dr										rundel		
DIRECTOR	10e. STATE 10b. CO	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INCIDE CITY								10d, INSIDE CITY			
5	MD Anr	nne ARundel Annapolis							LIMITS?				
A P	10e. STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
FUNERAL	700 Sonne Dr	rive	ive 21401 USA										
15	11. MARITAL STATUS	12. WAS DECEDER FORCES?							IIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian, , White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE				1 TES				ircan, etc.)			White
	15. DECEDENT'S	EDUCATION	1	6a. DECEDENT'S	LISUAL O	CCUPATIO	NAJ		1 105	VIND OF BUIL	1		
ETE	(Specify only highest g Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5		(Give kind of life. Do NOT u	work done			ng	168.	KIND OF BUS	INESS/INDU	JSTHY	
릴	12	5+		Dep. P	rog	ram	Man	age:	r   D	ep't	of N	Vavv	7
COMPLETED	17. FATHER'S NAME (First, Middle, Last	· + +								fiddle, Malden		-	
BE	Stephen Boye						ьu	Cll	e Us	born			
TO B	19a. INFORMANT'S NAME (Type/Print) Susan Diane	Boyett		196 MAILING	ADDRES	S (Street a	nd Number	or Rural F	Rute Numb	er, City or Town	, Stare, Zip (	Code)	1.401
-				1,00	5011	116 1	) T T A	e, .	AIIIIa	ротт	5,1410	2	1401
	20e, METHOD OF DISPOSITION  Y  Buriel 2 □ Cremation 3 □ I	Removal from State	20b. P	LACE AND DATE	OF DISPOS	SITION (Na	ma of		DATE		CATION — C		
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		_ Ma	ery, cremetory or o arylan						Cro	ownsv	/il	Le, MD
	21. SIGNATURE OF FUNERAL SERVICE	1 d	2-		22.	Haro	lest	y Fi	uner	al Ho	ome,	P. A	A .
	/ nompo	Hause	ster			12 F	Ridg	ely	Ave	. Anr	napol	is,	
	23. PART I. Enter the diseeses, shock, or heert falls	or complications the	t caused t	he death. Do i	not enter	the mo	de of dy	ing, such	h es card	lac or respl	ratory arre	st,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition	010000000000000000000000000000000000000		an eve	ahi		- 1						Interval Between Onset and Death
	resulting in death)	8				. (	IT						8mos
		DUE TO	(OR AS A C	ONSEQUENCE O	F):								
CERTIFICATION	Sequentially list conditions,	bDUE TO	(OR AS A C	ONSEQUENCE O	F):								
SAT	If any, leading to immediate cause. Enter UNDERLYING												j
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A C	ONSEQUENCE OF	F):								
E	resulting in death) LAST	d					_						
	PART II. Other algnificant condi	tions contributing to	death but	not resulting	In the ur	derlylno	Called	alven in	Part I	24a. WAS AN	ALTTOREY	1 045	WERE AUTOPSY FINDINGS
CAL						derrying	, cause (	givoir iii	r art i.	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED									-	1 YES 2	No		OF DEATH?
					-				-				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA					26. PL	ACE OF D	EATH (Che	ck only one	))			
Sic	EXAMINER?	HOSPITAL:	ER/Outpati	ent 3 DOA	OTHER		5 0X Re	eldence	8 🗆 Other	(Specify)			
둦	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM		28c. INJL	JRY AT		_	CRIBE HOW IN	JURY OCCU	JRED	
BY I	1 Netural 5 Pending 2 Accident Investigation	1		1110	M		ES 2	NO					
ED 8	3 Suicide & Could not determine	ouliding.	of INJURY — atc. (Specify)	At home, farm, s	treet, fact	tory, office			28f. LOCA	TION (Street a	nd Number o	r Rural A	oute Number,
		0											
COMPLET		HYSICIAN: To the beat of											
Ö	one) 2 MEDICAL EXAM	MINER: On the basis of e	xamination a	nd/or Investigatio	n, in my o	pinion, de	eth occur	ed at the t	time, date	and place, and	due to the	cause(s)	end menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTI	IFIER V		0			29c. LICE	NSE NUM	BER	-	29d. DATE	SIGNED	(Month, Day, Year)
0 8	-Allan &	· PERO	M	our			()	198	38		<b>&gt;</b> (	513	
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type,	Print)	, ,	. 0	1	1111	10-11	101	, ,1	21160
12	STUANT E.	SCION	100	900	587	gat	e Ko	(c/	740	apoli	3, U	Ra!	21401
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l examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the bunial-transit permit. Pages 1, 2, 3 should
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Lest) PEARL E	LIZABETH	ВОТ	TTS	4.74	2. DATE OF DEATH	pay 93ean	3. TIME OF DEATH 08:45 PM M			
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-16-4241	5. SEX 6. AC		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) RYLAND			
	96. FACILITY NAME (If not institution, give NORTH ARUNDEL HO				BURNIE	9c. COUNTY OF					
	10s. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
	100. STREET AND NUMBER 2825 FIFTH AVE.				101. ZIP CODE 10g. CITIZEN OF WHAT 21113 U.S.A.						
	11. MARITAL STATUS  1 X Never Married 2 Merried  3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 NO R DATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	CE — American Indian, lick, White, etc.					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION done during more retired.)	DN st of working	16b. KIND OF BUSINESS/INDUSTRY					
OMP	1.2 17. FATHER'S NAME (First, Middle, Last)	NONE	CIVIL SE	RVICE	18. MOTHER'S NA	U.S. P	OST OFFI	CE			
BE	JAMES HENRY BOTTS  19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	ONEE							
2	NORA VIOLA BOTTS		2825	FIFTH A	VE. ODE	INTON. MD					
1,250.5	20e. METHOD OF DISPOSITION  1 G Burlel: 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)	noval from oute	20b. PLACE AND DATE OF cemetery, cremetory or othe TRINITY UN	ITED ME	THODIST	8-4 WO	ODWARDVT				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 2										
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF:  CV CQ.  S A CONSEQUENCE OF:		dial e umsv testi	_	edur	Approximate interval Between Onset and Death			
	PART II. Other significant condition	na contributing to deat	h but not resulting in	the underlying	g cause given in		RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES NO NO CASE REFERRED TO MEDICAL  POSPITAL:  OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH  28. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO										
	3 Suicide 6 Could not be 4 Homicide datermined		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one)  2 DEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  Description of the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated.										
8	29b, SIGNATURE AND TITLE OF CENTURE	1 +		29c, LICENSE NUM D3619	MBER 2	29d, DATE SIGN	ED (Martin, Day, Year)				
2	ANEES AHSAN, M.D./1600 CRAIN HIGHWAY, SW #201/GLEN BURNIE, MARYLAND 21061										
	31. DATE FILEO (Month, Dey, Year)	32. REGISTRAR'S S									
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Ē	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

1	FOR . STATE	, Utlt	STATE OF I		ND / DEPAR	RTMENT	OF H	EALTH	AND	MENT	AL HYGIE	ENE	)	2342
1	1. DECEDENT'S NAME (First, Mid	ddle, Last)			CERTIF	ICATE	UF	DEAT	Н	2. DAT	REG. N E OF DEATH		YEAR	3. TIME OF DEATH
9	Mary 4. SOCIAL SECURITY NUMBER 218 26 9344	FR 5. SEX 6. A			CHO LOW  GE (In yrs. last birthday)  FUNDER 1 YEA  MONTHS DAY			HOURS MIN.			July 29 7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not institution, give street end number) 1624 Old Eastern Ave Apt G											TY OF DE	Maryland YOF DEATH Limore	
	MD RESIDENCE OF DECED		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	STREET AND NUMBER							1 ☐ YES 27  01. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY  21.2.2.1 IIS A					
	I. MARITAL STATUS  ☐ Never Merried 2 ☐ Merried  ☐ Wildowed 4 ☐ Divorced    Never Merried 2 ☐ Merried   12. WILS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ZY WIND IF YES, GIVE WAR OR DATES					UDA								
	(Specify only high	NT'S EDUCA	ompleted) (Give kind of work of life. Do NOT use retin				k done during most of working etired.)				b. KIND OF E		Le	
	8yrs H  17. FATHER'S NAME (First, Middle, Last)  James Bryan									AME (First, Middle, Melden Surneme) Riggleman				
	19a. INFORMANT'S NAME (Type/F Judy Wagner	Print)			19b. MAILING			nd Number	or Rural I	Route Nu	mber, City or 1	iown, State, Zip		
ш-	20b. PLACE AND DATE OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name of camelery, cremetory or other place)   DATE   20c. LOCATION — City or Town, State   Camelery, cremetory or other place)   Oak Lawn   Aug. 2, 1993   Baltimore, mD     Baltimore, mD     Baltimore, mD     Camelery, cremetory or other place)   Calculation   Camelery, cremetory or other place)   Oak Lawn   Camelery, cremetory or other place)   Oak Lawn   Camelery, cremetory or other place)   Oak Lawn   Camelery, cremetory or other place)   Oak Lawn   Camelery, cremetory or other place)   Oak Lawn   Camelery, cremetory or other place)   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn   Oak Lawn													
	23. PART I. Enter the disea	1 F	molicetione the	0 41	ane	Con	ne1	ly F	'uneı	ral	Home (	of Ess	ex I	300 Mace Av Balto MD 2:
	shock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)	failure, Li	Small	Cell L	una Carc	inorna		ie oi dyi	ng, suci	n ea ce	raiec or ree	ppiratory erre	est,	Approximate Interval Between Onset and Deeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events resulting in death) LAST  Due to (or as a consequence of):  Chronic Obstructive Pulmonary Disease.  Due to (or as a consequence of):  Conaestive Heart Failure  Due to (or as a consequence of):  d.														
	PART II. Other eignificant conditions contributing to death but not resulting in the unappression.  Depression						underlying ceuse given in Part i.				PERFORMED?			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO													
	27. MANNER OF DEATH  1 Natural 5 Pend 2 Accident Inves	fing stigation	28e. DATE OF (Month, D	INJURY By, Year)	28b. TIM	E OF 28	c. INJL	RY AT		_	SCRIBE HOV			
	AA AFFEREN	rmined	28e. PLACE OF INJURY — Al home, lerm, street, fabuilding, stc. (Specify)				City or Town, State)					ute Number,		
	29e. CERTIFEIRS (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, date end due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(s) and manner es stated.													
L	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  7 30 93  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
L	9101 Frankly Savare Dive Med Arts Blog # 205 Balt MD 21237 Rachelle 31. DATE FILED (MODIFI, Day, 1647) U 32 REGISTRAR'S SIGNATURE													
L	AUG 0 3 19	993	Julie De	vidou	phylose								7	HEXION, M.

RULES OF THE CONTRACTOR

**BALTIMORE, MARYLAND 21215-0020** 

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detabled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked or them 23 shows any inferry or other transmits event, the medical evanties the notified of our
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AUG 0 3 1993

32. REGISTRAR'S SIGNATURE

		FOR	STATE OF MADVI	AND / DEDAG	THENT O	UFAITU AND I	HENTAL LIVELEN	- 93	3 22343			
		1 - STATE REGISTRAR	STATE OF MARYL			F DEATH	MENIAL MYGIEN REG. NO.					
			rad Butts,	Sr.			2. DATE OF DEATH MONTH 7-29-10	) 93 ''	3. TIME OF DEATH 5:22 A			
	2007	212-10-7842	XXM 2 🗆 F 7	(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YE	B HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 8/10/1915	(	BIRTHPLACE (State or Foreign Country)  Aaryland			
	TOR	99. FACILITY NAME (If not Institution, give street  Meridian Nursing RESIDENCE OF DECEMENT			100	n on Location of De na Park	ATH	Anne Anne	Arundel			
	DIRECTOR	100. STATE 10b. COUNTY Maryland	/A		ty, town on La		is Bay)	-	10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
	FUNERAL	100. STREET AND NUMBER 1526 Plum St.,				10f. ZIP CODE 2122		10g. CITIZEN	OF WHAT COUNTRY?			
	B⊀	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	E. WAS DECEDENT EVER II FORCES? 1X YES IF YES, GIVE WAR OR D WW 2 Army A	2 NO	If yes	DECENDENT OF HISPAN, specify Cuben, Maxical YES 2 NO Specify	4	RACE — American Indian, Black, White, atc. Specify: White				
	COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	ON	16a, DECEDENT'S	USUAL OCCUP work done during se retired.)	most of working	166. KIND OF BUS	more C				
at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Thomas Edwa	ard Butt				ME (First, Middle, Maiden : Weinger		ts			
nomined	TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)  1526 Plum St., Balto., Md. 21226										
Must be		20s METHOD OF DISPOSITION 1/1/Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20th	PLACEANDDATE	OF DISPOSITION		DATE 20c.100	CATION — City	or Town, State Maryland			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker    22. NAME AND ADDRESS OF FACILITY Home of Brooklyn 237 E. Patapsco Ave., Balto., Md.								lyn				
rent, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, interval Between Onset and Death disease or condition resulting in death)  Approximate interval Between Onset and Death 7/8/9.  DUE TO (OR AS A CONSEQUENCE OF):										
, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
5 I	PHYSICIAN: MEDICAL (	PART II. Other alignificant conditions contributing to death but not resulting. In the undarlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO										
1011	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	,	21 ОТ <b>НЕ</b> Я:	PLACE OF DEATH (Che	ick only one)					
5	HYS		Inpatient 2 ER/Outp	atient 3 DOA	4 Nursing I	INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	I III DV OCCUPI	-			
9	à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	- At home, tarm,	M 1	WORK?	281. LOCATION (Street a					
07 1112	ETED	4 Homicide determined	building, etc. (Spec	offy)			City or Town, State)					
	COMPLET	(Check only	to the best of my know						use(a) and manner as stated.			
201	TO BE	29b. SIGNATURE OF CERTIFIER	dia	>		29c. LICENSE NUM	BER 9 4 4		Ty 30, 1993			
1	2	30. NAME AND ADDITIONS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	4710 P	ennington	Ave., Balt	o., Md	. 21226			

1 -	FOR STATE REGISTRAR
_	TILOTOTTIVIT

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CI	ERTIF	ICATE OF	DEATH	***************************************	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			1		1.30	2. DATE OF	DEATH		3. TIME OF DEATH	
William	Francis		Cl	helton		Augus	st 2,	1993 YEAR	3:21A	
4. SOCIAL SECURITY NUMBER 217-01-1607	5. SEX 1 🔯 M 2 🗆 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7 DATE OF	BURTH	a BIOT	Maryland	
90. FACILITY NAME (If not institution, give s Greater Baltimore RESIDENCE OF DECEDENT	A CONTRACTOR	Center		96. CITY, TOWN TOWSO	OR LOCATION OF D			9c. COUNTY OF		
10e. STATE 10b. COUNTY				Y, TOWN OR LOCA		-			10d. INSIDE CITY LIMITS?	
Maryland Balti	more Cou	nty	Coc	ckeysvil					1 TYES 2 NO	
301 International					21030				S.A.	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	MED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 XNO Specification	en, Puerto Ric		or No— 14. RAC Blac Spec	E — American Indian, ik, White, atc.  White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G life.	CEDENT'S live kind of Do NOT u		ION ost of working	16b. Ki		try Stor	e	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Mid				
Frederick P. Che	lton							th Price		
19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street	end Number or Rural					
Keith F. Chelton					Road, B				21212	
200. METHOD OF DISPOSITION	an arte ar	20b. PLACE	AND DATE	OF DISPOSITION (A	lame of	OATE		ATION — City or T		
1 No Buriel 2 Cremation 3 Rem	oval from State	Drui	d Ric	lge Ceme	tery	8/4	Pik	esville	, Maryland	
John G. Reitz  23. PART I. Enter the diseases, or or	(M-0080			Mit 650	chell-Wi	edefel d. Bal	timor	e, Mary	land 21212	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO DF:										
25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (C)	heck paly one)				
EXAMINER?  1  YES 2 NO	HOSPITAL:	FR/Outpatient 3	□ noa	OTHER:	me 5 🗆 Residence		Canalla			
27. MANNER OF DEATH	28e. DATE OF	INJURY	28b, T/N	ME OF 28c. IN	JURY AT			JURY OCCURED		
1 Netural 5 Pending	(Month, De	ly, Year)	IN.	JURY W	YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	INJURY — At ho	ome, farm,	street, factory, off	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI									e) end menner ee stated	
296. SIGNATURE AND TURLE OF GERTIFIE	7				29c. LICENSE NU	MBER	Т	29d. DATE SIGNE	D (Month, Day, Year)	
John W.	Dou	rem	0		020		1	18/2	193	
30. NAME AND ADDRESS OF PERSON WH John W. Bowie, M								- / -/		
31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE		- O TWOLE	,y La	212	4			
AUG 0 3 1993	John Der	idan Pan	dall							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar many page 1.2 3 chould	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be troitified at once.	
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BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /		TMENT					HYGIEN REG. NO.			44
- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
1	MAXINE ELATIN	02:1:1:1							AUGU		1993	PASY	4:40 a.m. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.							7. DATE OF (Month, D	BIRTH ley, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	212-46-8838	1 M 2 F	46	YRS.					03-	21-47		MA	RYLAND
OC.	9e. FACILITY NAME (If not institution, give					TOWN OF			HTA		9c. COU		
5	THE JOHNS HOPKII	N2 HOSPITA	AL		BAL	TIMO	RE C	ITY			BALT	<u>IMOR</u>	E_CITY_
DIRECTOR	10e. STATE 10b. COUNT	ry		10c. CIT	r, town o	R LOCATIO							10d. INSIDE CITY
								TEN OF Y	YHAT COUNTRY?				
FUNERAL	1202 E. LAFAYET	TE AVENUE				1	LII CODE	2120	<b>0</b> 2		log. Citi.	US.	
N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI		13. V	NAS DECE	NDENT O	F HISPANI	C ORIGIN?	Specify Yee	or No—	14. RACE	- American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NATES	0	l l	YES :	Cuber	, Mexican	, Puerto Rica	in, stc.)		Speci	r, White, etc.
	15. DECEDENT'S EDU	JCATION	16a. DEC	CEDENT'S	USUAL OC	CUPATION	1		16b. KI	ND OF BUS	SINESS/IND	USTRY	BLACK
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5 +	(Gh		vork done o			7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MPL	12th			Н	JUSEV	VIFE							
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Mide	dle, Maiden	Surname)		
BE	LEONARD WASHIN	NGTON							McRO'				
9	190. INFORMANT'S NAME (Type/Print) MARY BROOKS		19b	120	ADDRESS 2 E.	(Street and	WET	or Rural Ro	oute Number, VE . BZ	City or Town	n, State, Zip IORE,	MD.	21202
	20s_METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE A	ND DATE O	F DISPOSI	TION (Nam	e of	8/04	1/93		CATION —		wn, Siste MARYLAND
	21. SANATURE SUNERAL SERVICE D	DANSEE				NAME AND			1 HLITY			-	SERVICE
	1 Deans	13. 4	gl						AVE.	BALT	IMOR	E, M	D. 21218
Intan									Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Stachulacoccal aways indecardules  Due To (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										10 years		
AL C	PART II. Other significant condition	ns contributing to	ieath but not re	auiting i	n the un	derlying	cause g	iven in P	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS
SC	- Acute renal +	Failure			_				_   1	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC	- Septic embol	i to bre	moter	+	that	lam	ملا			-	1	1	OF DEATH? 1 YES 2 NO
ž	- Prosthetic Ao	rtic Val	we										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Chec	ck only one)				
14S	1 YES 2 NO	1 Inpatient 2  26e. DATE OF I	ER/Outpatient 3		4 🗆 Nurs	ing Home			Other (S				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	28b. TIMI	JRY M	28c. INJUI WORI 1   YE			26d. DEŞCR	IBE HOW IN	NJURY OCC	URED	
	3 Suicide 6 Could not be determined	28s. PLACE OF building, e	INJURY — At hon tc. (Specify)	ne, farm, s	treet, facto	ory, office			28f. LOCATIO	ON (Street a lown, State)	nd Number	or Rural R	oute Number,
3 Suicide 6 Could not be determined 29f. LOC City  29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beside of axemination end/or investigation, in my opinion, death occurred at the time, date													end menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month) Day M									(Month, Day, Year)				
TO BE	KAUSSC	, Medical.					IV	1026	32		> 8	1 6	93
-	30. NAME AND ADDRESS OF PERSON WITH	MP John	S HODE	1.5 H	Print) DSD1	ral	600	N.V	Volfe	St.	Baltin	-	MD 21205
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR			-							17.0	,
	ALIE 3 = 1882	Selia 1		17 (- 2 - 11									
	HO 0 0 1999	0	W1865/-1/a	note:									DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3

BOX 13146,

DIVISION OF VITAL RECORDS, P.O.

HOSPITAL FUNERAL I within 72 h =

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH - CAR JOSEPHINE N -0 MARIE CASHEN 1993 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or firm 1 M 2 TF YRS. 214-76-0241 83 22, 1910 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. ELIZABETH'S NURSING HOME BALTIMORE CITY NONE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE ing. CITIZEN OF WHAT COUNTRY? 3320 BENSON AVENUE 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO If yes, specity Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 10 NONE HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH **EDNA** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. JOANN HICKS 522 LOUGHTON LANE, ARNOLD, MARYLAND 21012 20e. METHOD OF DISPOSITION

1 💢 Burlal 2 🗆 Cremetion 3 🗆 Removal from Stata
4 🗋 Donation 8 🗆 Other Security 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State GLEN HAVEN MEMORIAL PARK 1993 GLEN BURNIE, MARYLAND Donation 5 - Other (Specify) _ 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 SECOND AVE., S.W., GLEN BURNIE, MD.21061 9 Par 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition erios resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 26c, INJURY AT WORK? 264, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide

296 SIGNATURE AND TITLE OF CERTIFIER Clear M Rus 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner as stated.

29d. DATE SIGNED (Month, Day, Year)

030122

NILLIAM Russell MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

3320 BENSUN

29a. CERTIFIER

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**DHMH-16 Rev 1/89** 

FOR 1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	IO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Janet	E. Casey		130	2. DATE OF DEATH MONTH 08	01 1993	YEAR 3. TIME OF DEATH			
		SEX 6. AG	E (In yrs. lest birthday) 52 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) 07/14/1		BIRTHPLACE (State or Foreign Country)     Maryland			
E I	9a. FACILITY NAME (If not institution, give street  North Arundel Ho			7 953	or Location of De	ATH	0.00	TY OF DEATH			
6	RESIDENCE OF DECEDENT										
8	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INC										
PIB	Maryland Anne A	Arundel	P	asadena				LIMITS? 1 YES 2 NO			
FUNERAL DIRECTOR	1832 Cedar Road				21122			S.A.			
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, a	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, atc.)	Yea or No-	14. RACE — American Indian, Black, White, etc. Specity: White			
ED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON poleted)	16a. DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b. KIND OF	BUSINESS/INDU	STRY			
9		college (1-4 or 5+)	1910	rork done during n e retired.)	os, or norming	Tnon	******				
M			Produc	er			rance				
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)  I.il	nwood F.	Parker			ME (First, Middle, Maid Nargaret		and			
B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F	Route Number, City or 1	lown, State, Zip (	Code)			
5	William Casey Sr		1832 (	Cedar Ro	pad Pa	sadena, M	lary1an	d 21122			
	20s. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	ob. PLACEANDDATED cometery, cremetery prot	her place)  Cemet	ery			re, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE '	. 1.	Georg	D. Gon	ce Funera					
	23. PART I. Enter the diseases, or their	plications that cause	ed the death. Do n					Md. 21225			
	ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on	each line.	South	out or trying, such	r au curdiec or re-	priatory arre	Interval Between Onset and Death			
	resulting in death) . a	DUE TO (OR A	S A CONSEQUENCE OF	):	1			1 4 19			
TION	Sequentially list conditions, If any, leading to immediate  b. Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	):							
ËRT	resulting in death) LAST										
	PART II. Other algnificent conditions c	ontributing to deeth	but not reaulting i	n the underlyi	ng cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	Retrogento	neal 5	groom	0		1 TES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						_	, /	1 TES 2 NO			
PHYSICIAN: M	26. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	anh anh ann)					
20	EXAMINER?	OSPITAL:		OTHER:							
¥	27, MANNER OF DEATH	inpetient 2 ER/O	vtpatient 3 DOA 28b. TIMI		JURY AT	8 Other (Specify) 28d. DESCRIBE HO	N IN ILIEN OCCI	IRED			
	1 Netural 5 Pending	(Month, Day, Year		URY V	YES 2 NO	26d. DESCRIBE NO	W INSUNT OCC	THEO			
D BY	Accident Investigation  3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, farm, a	treet, factory, off	ca			or Rural Route Number,			
COMPLETED	4 Homicide detarmined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, Sta	110/				
7	29e. CERTIFIER CERTIFYING PHYSICIAL	N: To the best of my kn	owledge, death occurre	d at the time, de	a and place, and due	to the cause(a) and i	nanner sa state	d.			
NO.	one)	n the basis of examina	tion and/or investigation	n, in my opinion,	death occured at the	time, data and place,	and due to the	cause(s) and manner as stated.			
BE C	295. SIGNATURE AND TITLE OF CENTIFIER	0 12 -	1	10	29c. LICENSE NUN	MBER	29d. DATE	SIGNAD (Month, On Mar)			
2	30 NAME AND ADDRESS OF DERSON WHO C	OMPLETED CAUSE OF	OEATH (ITEM 27) (Type	Print)	1 60	127	-	5/4/2			
	Russell as Welm	110,3	001 5.	HAUC	WFQ B	altono	Md.	21044			
6	AUG 0 3 1993	32. REGISTRAR'S SI	GNATURE								

burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-18 Rev 1/89

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FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CENTIF	ICALE OF	DEATH	REG. NO	).	Act and the second			
1. DECEDENT'S NAME (First, Middle, Lase PHYLLIS X COPI		PHYLLIS	COPLAN)			1993	year 0115 A			
4. SOCIAL SECURITY NUMBER 219-10-3596		GE (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 10,	1925	8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA			
98. FACILITY NAME (If not institution, give GREATER BALTIMON	·	ENTER	96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF DEATH BALTIMORE				
GREATER BALTIMOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUN MARYLAND 10e. STREET AHD NUMBER 4001 OLD COURT F 11. MARITAL STATUS	BALTIMORE	10c. CIT	Y, TOWN OR LOC			10	10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
4001 OLD COURT F				Of, ZIP CODE 21208			EN OF WHAT COUNTRY?			
3√Widowed 4 □ Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2 NHO	13. WAS DE If yes, a 1 \( \text{YE}	CENDENT OF HISPA pecify Cuben, Mexico S 2 2 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	s or No—	14. RACE — American Indian, Black, Whita, atc. Specify: HTTE			
15. DECEDENT'S EI (Specify only highest gra  Elementary/Secondary (0-12)  17. FATHER'S HAME (First, Middle, Last)  DHTITTD MATNIFD	College (1-4 or 5+)	life. Do NOT us	work done during n se retired.)		16b. KIHD OF BU		USTRY			
17. FATHER'S HAME (First, Middle, Last) PHILLIP WAINER	4	HOL	ISBWI FE		AT HO AME (First, Middle, Maiden ER GOODELM	Surname)	10-11			
19a. IHFORMANT'S HAME (Type/Print) MRS. MARCIE GOLD	DMAN				Route Number, City or Tow BALTIMOR					
20axMETHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Ra 4 □ Donation 5 /□ Other (Specify)	moval from State	20b. PLACE AND DATE	OF DISPOSITION (I		_ 1	CATION — C	Elty or Town, State			
21. SIGNATURE OF FUNERAL SERVICE	/1 . ////	مه	22. NAME / 601	O REISTE	rstown & BR	Sal	MORE, MD 2121			
disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificent condition	ona contributing to dee		in the underlyl	ng cause given in	Part I, 24s. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF OEATH (C	heck only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 HO  27. MAHNER OF DEATH  1 Hetural 5 Pending Investigation	28a. DATE OF INJL (Month, Day, Ye	IRY 28b, TIM	4 Hursing Ho	me 5 Rasidence  IJURY AT  /ORK?  YES 2 HO	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCC	URED			
2 Outside	28a PLACE OF IN.	IURY — At home, farm, (Specify)	street, factory, off	ica	261. LOCATION (Street City or Town, State		or Rural Route Number,			
200	SICIAH: To the best of my li						od.			
296. SIGNATURE AND TITLE OF CERTIF	MO			29c. LICEHSE HU		29d. DATE	SIGNED (Month, Day, Year)			
GARY COHEN,	MO. 670	F OEATH (ITEM 27) (Type	ARLES S	T. Bo	ero ha	2/7	204			
AUG U 3 1993	32. REGISTRAR'S					9				

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DHMH-18 Rev 1/89



	2, 3 should	
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 he law requires that the death certificate be executed within alours after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, removal.	adical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

31. DATE FILED (Month, Day, Year)

AUG 0 3 1993

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/10/93 t.t 93 22349 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 08 DAY 10:00 A .. COMBS THOMAS

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 07-06-1959 5. SEX 6. AGE (In yrs. last birthday) 8. SIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 1 M 2 - F YRS. 216-76-3520 34 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE DIRECTOR 1927 W. SARATOGA STREET Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland CarrolL County Westminster 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14 Sullivan Avenue 21157 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married specify: White IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION 16b. KIND OF SUSINESS/INDUSTRY (Specify only hi Elementary/Secondary (0-12) College (1-4 or 5+) 12 Mechanic Roofing 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Gordon Combs BE Lena Deen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Carol J. Bennett 14 Sullivan Avenue Westminster, MD 21157 20e. METNOD OF DISPOSITION
1 ⊠ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burial 2 Cremation 3 4 Donation 6 Other (Specify) Historyland Memorial Park 8/4 King Jorge, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HAIGHT FUNERAL HOME (P.O. Box 195) Drian P.O. Box 195 Sykesville, MD 21784 23. PART I. Enter the diseases, or complications that based the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line intarvai Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition . ACUTE NARCOTIC AND ETHANOL INTOXICATION resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Nome 6 | Rasidence 6 | Other (Specify) 1X YES 2 □ NO 27. MANNER OF DEATH 26a. DATE OF INJURY F (Mdrift), Day, Year) 286 TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural М 1 YES 2 NO 8-1-93 9:30 A UNKNOWN BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1927 W. SARATOGA STREET 3 Suicide 6 💢 Could not be determined COMPLETED 4 Nomicide FOUND IN A YARD 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

hite ms

O.C.M.E.

Penn Street, Baltimore, Maryland

Dennis

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

12 MIGISTRAR'S SIGNATURE

Laker

21201

08/02/93

1	-	STATE	A
ď	1. D	ECEDENT'S	N
м			

Pages 1, 2, 3 should

	1 - STATE REGISTRAR	SIAIE UF MI		ERTIF	ICATE	OF	DEAT	TH	MENIA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)  WILLIAM (OSTER  2. DATE OF DEATH MONTH O7  31  GEN									YEAR 93	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-01-4334		8. AGE (In yrs. II	ast birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Mont	OF BIRTH	1912	8. BIRTI Count	PLACE (State or Foreign my) Maryland
H.	90. FACILITY NAME (If not institution, give Francis Scott Med	street and number)			-		re C	7.11		10,	9c. CO	UNTY OF C	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	ν		10e CIT									
	MD Baltimore Eastpoint										10d. INSIDE CITY LIMITS?  1 YES 2 NO		
	10a. STREET AND NUMBER						. ZIP COD	E		-	10g. CI	TIZEN OF	WHAT COUNTRY?
10a. STREET AND NUMBER  10d. Old North Point Road  10f. ZIP CODE  10g. CITIZEN C  USA  11. MARITAL STATUS  11. MARITAL STATUS  11. Marital STATUS  11. Never Marited 2   Merried FORCES? 1   YES 2   NO													
à	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2			f yes, sp	ENDENT Code 2. \( \) NO	m, Mexico	in, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RAC Blac Spec Whi	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 1 2 yrs	JCATION e completed) College (1-4 or 5+)	- (	ECEDENT'S Give kind of te. Do NOT u	work done o se retired.)	during mo		ng	16b	. KIND OF BU	ISINESS/IN		
5	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)		
n n	William G. Coste	r		ot the same						trong			
2	Mary Zorbach			1126 (					Aoute Num lair	ber, City or Tov	vn, State, Z 2101	_	
	39e METHOD OF DISPOSITION 44 Burtlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE	E AND DATE	OF DISPOS	_	me of		, 19	E 20c. LC	CATION -		
	STANDATURE OF FUNERAL SERVICE LI	censee	Hon	ست.	22. 1		ID ADDRE	SS OF FA	CILITY	Home o	ltim		300 Mace Av Balto MD 2
CENTILICATION	23. PART I. Enter the distance, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (C	_	EQUENCE O	5 M 1 F1: M A								interval Between Onset and Death Deady S
2	PART II. Other significant condition  STROKE DIA  URINAM MAC	AB GTES,	COPI		in the un	deriying ,	Cause (			24s. WAS AN PERFO	RMED?	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
rnisician: med	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	t:			eck only or				
10	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	iJURY Year)	28b. TIM	E OF JURY M		URY AT RK? 'ES 2	] NO	28d. DES	SCRIBE HOW	INJURY O	CCURED	
3	3 Suicide S Could not be determined	28e, PLACE OF building, et	INJURY — At h c. (Specify)	nome, ferm,	street, facto	ory, office	•			ATION (Street or Town, Stele		er or Rural i	Poute Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												e) end manner ee stated.
0 0	296. SIGNATURE AND TITLE OF CERTIFIE  REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	M.D						4 C			29d. DA	TE SIGNED	(Month, Day, Year) 31/73
	30. NAME AND ADDRESS OF PERSON WE PATRICK A	- IJEWI	ERE			EM	ISTG	RN	Au	E, E	BAC	ī. n	11) 21224
	AUG 0 3 1993	32. REGISTRAR	SIGNATURE	6									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the handless at the transfer page 10 may be required that attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

31. DATE FILED (Month, Day, Year)

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his Davidson

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at	be filed within 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: If item 28 is marked, or item 23 shows any injury,

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) KENNETH WILLIAM COKING 2. DATE OF DEATH 3. TIME OF DEATH DAY Kenneth W. Coking 10:10 Pm JULY 28 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 | F 03/28/16 191-03-5337 77 <u>Pennsylvania</u> 90. FACILITY NAME (If not institution, give street end number) Harbor 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center 3001 S. Hanover St Hospital Center Baltimore City Boltimore N/A 300) S. Hanover St RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore (Brooklyn Park) 1 YES 2XXNO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 703 Church Street 21225 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW 2 AYMY 1 Never Married 2 Merried 1 YES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) United Mine Workers intary/Secondary (0-12) College (1-4 or 5+) 6th Grade Retired Mine Worker Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Fred Hall Coking Coking BE --- Martha 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rurel Route Number, City or Town, State, Zip Code 5 Mr. LeRoy Coking Appian Way, Pasadena, Maryland 20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cedar Hill Cemetery 4 Donation 5 Other (Specify) 7/31/93 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICES McCully Funeral Home of Brooklyn Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory errest; shock, or heart feliure. List only one cause on each line. Approximate Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition COPD resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Thin Congestive Heart Failance CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate Now millin Defendent Diabeter Hellitus DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 7 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO patient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Peri BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Raymend Millan Medical Intern July 28/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Raymond Millan 3001 S. Hanover St. Harbor Hospital MD 21225 22. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF MA	CERT	IFICALI	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las RICKY R.	(CLARENC	DANIELS	5				DATE OF DEATH DATE OF 29	19	93	3. TIME OF DEATH 2:00 P
4. SOCIAL SECURITY NUMBER 218-58-6568	5. SEX 6	8. AGE (In yrs. lest birthd 42 YR:	MONTHS	R 1 YEAR DAYS	IF UNDER 24 HI HOURS MI	15. 7. 1	Month, Day, Year)		8. BIRTH Count	MD MD
99. FACILITY NAME (If not institution, give HOLLINS FERRY		RD & AVIATION BLVD							NEA.	RUNDEL
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c.	CITY, TOWN	OR LOCATIO	ON				10d. INSIDE CITY	
MD			RANDAL	LSTO	WN					LIMITS?
104. STREET AND NUMBER	VP 300 10									WHAT COUNTRY?
9903 CERVINE LAN			-		21133				.S.A	
11. MARITAL STATUS  1 Never Married 2XX Married  3 Wildowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES					RIGIN? (Specify Yea arto Rican, atc.)	or No—	Spec	E — American Indian, k, White, atc. //y: ACK
15. DECEDENT'S El (Specify only highest gra		16a. DECEDEN (Give kind	f of work done	during most			16b. KIND OF BUS	SINESS/IND		HCK
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	ING &				McCORM1	CK		
17. FATHER'S NAME (First, Middle, Last) CLARENCE DANIEL	1 yr.	SHIFF	ING &	RECE.	18. MOTHER'S		First, Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJL	LING ADDRES	S (Street and	d Number or R	ural Route	Number, City or Town	n, State, Zip	Code)	
SHEILA DANIELS		491	8 GUNI	THER A	AVE. A	PT.	L/BALTIN	MORE,	MD	21206
20e. METHOD OF DISPOSITION  1 Buriel 2 X Cremetion 3 Re	emoval from State	20b. PLACE AND DA cemetery, crematory			ne of	3		CATION —		
4 Donation 5 Other (Specify)	LICENSEE	GREENM			ERY ADDRESS O	FACILIT		TIMO	RE,	MD
21. SIGNATURE OF FUNERAL SERVICE	20									
21. SIGNATURE OF FUNERAL SERVICE  21. PART I. Enter the diseases, of	e. Cinte	on each line.	not enter	r the mod	a of dying,	such as	1101 E. cerdiac or reepi	ratory arr		Approximeta Interval Batwee Onset and Deat
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition	e. DUE TO (C	on each line.	Slot	r the mod	a of dying,	such as	cerdiac or reepi	ratory arr		Approximeta interval Batwee
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 212

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flow rate feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

DHMH-16 Rev 1/89

1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR			EAR	3. TIME OF DEATH
				RL BEI		_				08	- 01		3	10:30 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs	. last birthday)	IF UNDER	DAYB	HOURS	MIN.	7. DATE OF BIR (Month, Day,	Year)		Country	
	216-24-54		1 ☑ M 2 ☐ F		64 YRS.									KEYSVILLE
œ	9a. FACILITY NAME (If not in					9b. CITY		OR LOCATI	ON OF DE	EATH	90	c. COUNTY	OF DE	HTA
DIRECTOR	Greater I	nter		TO	WSON				BALT	IMO	RE			
<u> </u>	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION		10d. tNStOE				10d. INSIDE CITY
<u> </u>	MD	BAI	LTIMORE		TIMONIUM									1 YES 7 NO
¥	10e. STREET AND NUMBER						101	. ZIP COD	E	10g. CITIZEN OF				HAT COUNTRY?
	1 Was	hingto	on Street		21093					U:				
5	11. MARITAL STATUS  1 Never Merried 2	r	12. WAS DECEDEN	T EVER IN U.S.	ARMED NO	13.	WAS DEC	ENDENT C	OF HISPAN	NC ORIGIN? (Spe	city Yes or I	No 14.	RACE	- American Indian, White, atc.
BY FUNERAL	3 Widowed 4 Divo		FORCES? 1	AR OR DATES				2 XNO			otal)		Specifi	y:
	15 DEC	EDENT'S EDU			. DECEDENT'S	I II II II I	CCUBATI	DM .		Tab Kinib	OF BUSINE		WHI	TE
		y highest grade			(Give kind of life. Do NOT u	work done	during me	st of working	ng	IOU. KIND	OF BUSINE	33/11003	(B)	
	6	-12)	College (1-4 or 5	"	Baltin	nore	Com	ntv		Main	ntana	naa 1	Maa	hanic
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)			Darti	MOLC	oou,		HER'S NA	ME (First, Middle,			nec	Halite
LI I	Harry Li	nwood	Denmyer					I	Emma	Louise	Hiel	man		
0	19e. WFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street	_		Route Number, City			de)	
F	Mrs. Ann	a M. I	enmyer		1 Wa	shir	igto	n St	, T:	imonium	, MD	2109	3	
	20e. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State	20b. PLA	CE AND DATE	OF DISPOS	SITION (Na	ime of	1103	OATE 2	20c. LOCAT	ION — City	or Tov	vn, State
	4 Donation 5 Donation	(Specify)		Dula	ney Va	alley	Met Met	n.Gar	dens	s 8/4/93 Timonium, MD				MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	06	-	22.		ND ADDRE		chell-Wiedefeld, Inc.				
	Boyla	of gent	lary	LON	4						a Rd. Timonium, MD 21093			
	23. PART I. Enter the di	seeses, or o	complications the	t caused the	douth. Do	not enter	the mo	de of dy	ing, auc	as cardiac or respiratory arrest,				Approximate
	IMMEDIATE CAUSE (Fir	In		· Cartina Constant	1									Interval Between Onset and Death
	disease or condition	+	DUE TO	Ehen	10	6.1	Dr. S	500 m	~ D-4	part	2			4.75
			- 4	- 1		NF):		4	0	rese	1			10-60
S	Sequentially list conditi	iona,	meto a	(OR AS A CON	~ g	26	(4	SANJ	8 -	v esse	4	100	-	12)
CATION	if any, leading to imme- cause. Enter UNDERLY		Dx		-	· .								70.5
윤	CAUSE (Disease or inju	ny S	C	(OR AS A CON	SEQUENCE O	F):								1
CERTIFI	resulting in death) LAS	Т	d											
	PART II. Other algolitics	nt condition	a contributing to	death but n	ot resulting	in the ur	nderlyln	COURD I	alven in	Dart I 240 S	maey	V I are were according		
8	End	Cin		Voso.		) E C		g cause :	given in	F	MAS AN AUT	0?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI	F=170	303	7~		-	22.	3.50			1	YES 2	NO		DF DEATH?
Σ										_				1 TES 2 HNO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)				
S	EXAMINER?		HOSPITAL:	ER/Outpation	t 3 🗆 DOA	OTHE	R:	-		8 Other (Spec	W)			
È	27. MANNER OF DEATH		26e, DATE OF (Month, E	INJURY	28b. TIA		28c. INJ	URY AT		28d. DESCRIBE	-	IRY OCCUR	ED	
84		Pending Investigation	(MONIN, E	ray, rour)	U.S.	M		YES 2	NO	11 =0.	1 3			
EDB	3 Suicide 6	Could not be	28e. PLACE C	F INJURY - A atc. (Specify)	t home, ferm,	street, fac	tory, offic	•		281. LOCATION (Street end Number or Rural Route Number,				
	4 Homicide	determined								City or Town, State)				
COMPLET		IFYING PHYSI	CIAN: To the best of	my knowledge	, death occur	red at the t	time, date	end place	, end due	to the cause(a) e	end menner	as stated.		
5	one) 2 MEDI	CAL EXAMINE	R: On the beele of e	xamination end	l/or investigation	on, in my o	opinion, d	leath occu	red at the	time, date end pi	lace, end du	ue to the c	nuse(e)	end menner ee stated.
и	296. SIGNATURE AND TITLE	CERTIFIE	3					29c. LIC	ENSE NUI	MBER	29	d. DATE S	GNED	(Month, Day, Year)
0 8	1911 18	~	- Just					DB	17	10		8/	2/	93
2	MAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF OEATH			0 :		-	- (	,	0_	1	21093
7	unting a	- 18	1434	no		8	DVD	J,	poor	or d	4	O.	J.	4
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFI	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Leet) Bernard K. Da	avenport				2. DATE OF DEATH DAY 7-26-93	YEAR	3. TIME OF DEATH
010 10 7707	SEX 6. AGE (	In yrs. last birthday) 7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Manth, Day) Year) 4 5	8. BIRTH Countr	PLACE (State or Foreign
9a. FACILITY NAME (# not institution, give street of Seton Hill N. )			96. CITY, TOWN	t O	EATH 9c. C	COUNTY OF D	EATH
RESIDENCE OF DECEDENT  10a. STATE  Md  10b. COUNTY			town or loca	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2119 Presbury	St.		10	21217	10g.	CITIZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yes or No. In, Puerto Rican, etc.)	Blaci	- American Indian, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete comp		16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo	ON asl of working	16b. KIND OF BUSINESS	/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Herlin Davenp	ort			16. MOTHER'S NA Mary	ME (First, Middle, Maiden Surnan Taylor	10)	
190. INFORMANT'S NAME (Type/Print) Charlotte Dav	enport	19b. MAILING 2119	Pres	ond Number or Rural Dury St	Aboute Number, City or Town, State Balto, Mc	Zip Code) 212	17
20a. METHOD OF DISPOSITION  Suriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Cert	PLACE AND DATE O	r pisposition (N	ome of Ory	729/93 Bal	to,	
21. SIGNATURE OF FUNERAL SERVICE LICENS	hom	oson Je		ch F/H-	-West 4300	Wabas	h Ave
23. PART/1. Enter the diseases, or compands, or heert failure. List immediate CAUSE (Fine disease or condition resulting in death)	only one ceuse on e	ech line.		ode of dying, suc	h as cardiac or reapiratory	arrest,	Approximate Interval Betw Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	pled	spery			
PART II. Other aignificant conditions co	entributing to deeth b	ut not resulting in	n the underlyin	g ceuse given in	Part i. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		1 YES 2 NO
	Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	entient 3 DOA 28b. TIME	4 Nursing Hon OF 28c, IN.	NO 5 Residence PURY AT PRK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, offic		28f. LOCATION (Street and Nut City or Town, State)	mber or Rural F	Route Number,
99. CERTIFIER	: To the best of my know	ledge, death occurre			to the cause(a) and manner as		
(Check only one)  1 CERTIFYING PHYSICIAN  2 MEDICAL EXAMINER: On		n and/or investigation	n, in my opinion, o	leath occured at the	time, data and place, and due	to the cause(s	and manner as state
(Check only	n the basis of exemination	Bar	~	29c. LICENSE NUI			(Month, Day, Year)

BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hunt be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 Rev 1/89

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HOSPITAL OR ATTENDING PHYSICIAN: The law

The Hospital or Attending P The Funeral Director: After t filed within 72 hours after death !

TO THE FUNERAL (De filed within 72 h

item 28

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31. DATE FILED (Month, Day, Year)

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93 22355 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH SAMUEL R. DICKSON 28 93 10.15 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 162-20-1433 1 2 M 2 D F HOURS 65 1/20/ 28 PA. 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 21226 9c. COUNTY OF DEATH DIRECTOR 1618 Plum Street Baltimore, Md. Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. ___ Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 1618 Plum Street 21226 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) unk. Photographic Lensman Once. 17. FATHER'S NAME (First, Middle Leat) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Curtis J. Dickson Anna 86 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marie D. Fisher 1618 Plum Street Balto. Md. 21226 ě 20a. METHOD OF DISPOSITION
1 □ Burial 2 ➡ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Metro Crematory

Metro Crematory 4 Donation 5 Other (Specify) 7/31/93 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home Larna 4001 Ritchie Hgwy. Balto. Md. 23. PART I. Enter the diseases, or expolications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiretory arrest, shock, or heart failure. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Respiratory pilu event, DUE TO (OR AS A CONSEQUENCE OF) Concr lung traumatic CERTIFICATION Sequentielly list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 inlury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 B NO Shows 1 TES 2 M NO BY PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Finpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 MO ne 5 - Residence 8 - Other (Specify) Hospi Fol 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO 2 Accident 40 3 Suicide 8 Could not be COMPLETED

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29s. CERTIFIER

(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Giral MA 7-28-93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Harbor Hospital art Birgis M. 32. REGISTRAR'S SIGNATURE Deviden Rondoll DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow is after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely allied in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF I		DEPAR					MENTA	REG. NO.	_	•	22330
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATN
	Joseph Phil		DeSant						0.			993	1253 M
	4. SOCIAL SECURITY NUMBER 104-24-7249	5. SEX	6. AGE (in yrs. i		IF UNDER	DAYS	HOURS	24 HRS. MIN.		OF BIRTH	22	Count	
		1X M 2 🗆 F	91	YRS.				1000		07-19			w York
~	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEA					EATH		0.00	JNTY OF E	DEATN
DIRECTOR	University Ho	spital	-			Bal	timo	re	N/a				
<b>E</b>	10a, STATE 10b, COUNT		10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY LIMITS?	
ā	Maryland Howa	ard COun	ıty		Je	essu	p						1 YES 2 TNO
1 P	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
	8106 Aspenwood						20	794	1		U	SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Typerried  3 Widowed 4 Divorced	IT EVER IN U.S. A  NYES 2  MAR OR DATES  IN Era	If yes, specify Cuban, Mexican  1 ☐ YES 2 ☑ NO Specify.					n, Puerto		or No		E — American Indian, ik, White, atc. bhy: White	
	15. DECEDENT'S ED	UCATION	18e. [	DECEDENT'S	USUAL O	CCUPATIO	ON		16b	, KIND OF BUS	SINESS/IN	DUSTRY	MILLOC
<u> </u>	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of the. Do NOT u	work done se retired.)	during mo	st of workin	ng	Н	igher	Ed	ucat	rion.
MPL		4+	Ec	ducat	cor					tate			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1				18. MOTH	HER'S NAI	ME (First,	Middle, Meiden	Surname)		
BE		nas DeSa						ary					
2	19e. INFORMANT'S NAME (Type/Print)		3							ber, City or Tow			
	Ms. Ellen DeSa	intis		8106				Wa		Jessu			
	20a. METHOD OF DISPOSITION  SCHOOL 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	noval from State	cemetery, o	EAND DATE	OF DISPOS	SITION (Na	me of	- 0	DAT	20c. LO	CATION -	- City or To	own, State Sville, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	Cres	SULdv			D ADDRES			91 Ma	rrı	OCUS	sville, MD
	Johnstelle	2/Sle	6	40053	35					Home Mar			21043
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							Dise	re		Interval Between Onset and Death
FF	resulting in death) LAST	d											
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	na contributing to	death but not	t reaulting	in the u	nderlyin	g cause (	given in	Part I.	24a, WAS AN PERFOR	RMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T .				26. PL	ACE OF D	EATN (Ch	acir only o				
SIC	EXAMINER?  1 X YES 2 NO	HOSPITAL:	XER/Outpatient	3 DOA	OTHE A Nu	R:	e 5 🗆 Re						
Η̈́	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	- I	-	SCRIBE HOW I	NJURY O	CURED	
ВУР	Netural 5 Pending Investigation	(Month, C	Any, Tour)	IN.	JURY M		RK? YES 2	NO .					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At I	home, farm,	street, fac	tory, offic				CATION (Street or Town, State)		er or Rurel	Route Number,
COMPLETED	enel	SICIAN: To the best of e											is) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R / -					29c. LICE	ENSE NUM	ABER		29d, DA	TE SIGNE	D (Month, Day, Year)
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	THEODORE MI	KING.				Stra	et.	Ba	ltin	ore.	Mar	vla	nd 21201
20	AUG 0 3 1993	2. REGISTRA	AR'S SIGNATURE	plate									

garage - constant

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_							A DATE	OF DEATH O	10100	3. TIME OF DEA
1	1. DECEDER NAME (First, Middle, Las	GEORGE AL	BERT F	ТСННО	DN .IR.		Mon	TH OF	/2/93	5 530 pm
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. in		IF UNDER 1 YEA	R IF UNDER 24 HRS	7 DATE	OF BIRTH	7	BIRTHPLACE (State or F
-1	212 01 2///	1, M 2   F		YRS.	MONTHS DAY			th, Day, Year)		Country)
	212-01-2444  9a. FACILITY NAME (If not institution, give	4343	86	.,,,,				27.19		MARYLAND
	SE. PACILITY NAME (II NOT INSTITUTION, GIVE	e atreet and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUNTY	Y OF DEATH
DINECTOR	CHARLESTOWN CAR	RE CENTER			CAT	ONSVILLE			В	ALTIMORE
	10a. STATE 10b. COUN			10c. CITY	Y, TOWN OR LO	CATION	_			10d, INSIDE CITY
	MARYLAND	BALTIMORE			CAT	ONSVILLE				1 YES 2
- 1	10a. STREET AND NUMBER			_		10f. ZIP CODE		T	10a CITIZE	N OF WHAT COUNTRY?
LOWENAL	715 MAIDEN CHOI	CE LANE 30	9 CHAI	PET C	Tr I	21228			_	U.S.A.
	11. MARITAL STATUS	12. WAS DECEDENT				DECENDENT OF HISE	ANIC ODIO	AND OTHER MAN		
- 14	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAS	YES 2	No.	If yes,	specify Guban, Mex	can, Puerto		OF NO- 14	<ol> <li>RACE — American Indi Black, White, atc.</li> </ol>
	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES		101	res 2 NO Spe	olfy:			Specify: WHITE
	15. DECEDENT'S EC	DUCATION	16a, Di	ECEDENT'S	USUAL OCCUP	ATION	16	b. KIND OF BUSI	MESC/INDIES	
	(Specify only highest gra Elementary/Secondary (0-12)		(0		vork done during					
	12	College (1-4 or 5+)	1	יות ואוי	Tr A NI mr					1 DIZ 6 00
	17. FATHER'S NAME (First, Middle, Last)		A(	CCOUNT	LANI	40 MORNING				ARK & CO.
· H		OTTI O DIT						Middle, Maiden S	umame)	
	GEORGE ALBERT EI	CHHURN				HELEN		NAGAN		
2	VI					et and Number or Run				21220
	MARY JO EICHHORN	(WIFE)	7	715 M	AIDEN (	CHOICE LA	NE 30	9 CHAPI	EL CT.	., CATONS VII
	20a. METHOD OF DISPOSITION  1 X Verial 2 Cremation 3 Re	moval from State		AND DATE O	OF DISPOSITION	(Name of	DA	TE 20c. LOC	ATION — CIT	ly or Town, Stata
-1	4 Donation 5 Other (Specify)					METERY	8/5/9	3 RAT	TIMOF	RE. MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart failure	r complications that of	caused the d	esth. Do n	LEROY 1630	M. & R	USSEL N AVE	L C. WI	TZKE TONSVI	FUNERAL HOLLE, MD. 21
	23. PART I. Enter the diseases, o	or complications that con List only one cause	Saused the de on each line	eath, Do n	22. NAME LEROY 1630	M. & R EDMONDSO	USSEL N AVE	L C. WI	TZKE TONSVI	FUNERAL HO
	23. PART I. Enter the diseases, o shock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	or complications that con List only one cause	caused the d	eath, Do n	22. NAME LEROY 1630	M. & R	USSEL N AVE	L C. WI	TZKE TONSVI	FUNERAL HOLLE, MD. 21
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ATION	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Put our to (o	aused the depon aschilling as a CONSE	eath. Do ne.	22. NAME LEROY 1630 not enter the	M. & R EDMONDSO	USSEL N AVE	L C. WI	TZKE TONSVI	FUNERAL HOLLE, MD. 21
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32. REGISTRAR'S SIGNATURE

3 1993

DHMH-18 Rev 1/89

2/228

maiden Choice Lane

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	).	
		OTHY HURT	FANKHANEL	2. DATE OF DEATH MONTH D	DAY YEAR	3. TIME OF DEATH
		KHANEL		07 2		6:10PM
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthday)		(Month Day Year)	Cour	THPLACE (State or Foreign
	214 03 6160 1 M 2 K		MONTHS DAYS HOURS ME	10-21-1	1916 Mai	ryland
	9a. FACILITY NAME (If not institution, give street and number		96. CITY, TOWN DR LOCATION O		9c. COUNTY OF	
FUNERAL DIRECTOR	Greater Baltimore N	1ed Center	Towson		Balt	imore Co
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c Cr	TY, TOWN OR LOCATION			TO A MINISTER CUTY
E	Maryland Balto Cou	179	Towson			10d. INSIDE CITY LIMITS?
2	10e. STREET AND NUMBER	Incy	10% SOII		Tan OTTITEN OF	1 YES 2 NO
RA	204 E. Joppa Road	#1207				WHAT COUNTRY?
N.			21286		USA	
	1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED  1 YES 2 NO	If yes, specify Cuban, Ma	SPANIC ORIGIN? (Specify Yeaxican, Puerto Rican, etc.)	s or No- 14, RAC Bla	CE — American Indian, ck, White, atc.
BY	3 ★ Widowed 4 Divorced IF YES, GI	IVE WAR OR DATES	1 TYES 2 NO S	pecify:	Spe	White
	15. DECEDENT'S EDUCATION		S USUAL OCCUPATION	16b, KIND OF BU	JSINESS/INDUSTRY	
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4	(Give kind of	work done during most of working			
P	12 +	Secre	tary	Carpe	enter's	Union
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S	S NAME (First, Middle, Malden	n Sumame)	-0.101
BE C	Charles Hurt		Et	hel Beards	lee	
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street and Number or R			
2	Ruth Fankhanel	3999	24th St, We	st, Brade	enton,	FL 34205
	20a. METHOD OF DISPOSITION		OF DISPOSITION (Name of		OCATION — City or T	
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	cemetery, crematory or	other place)			
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE RO	Mald Wade.	Di 32. NAME AND ADDRESS O	F FACILITY ST	ato Ana	tomy Board
	De 1 R. Very	7/30		imoreSt,Ba		
/	as Daffe I Programs or complication					
	23. PART I. Enter the diseases, or complications ahock, or heart fellure. List only one	cause on each line.	not enter the mode or dying,	auch as cardiec or reap	iratory arrest,	Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition					Onset and Death
	resulting in death) a. Carci	inoma of pancr	eas metastatic	to lung		
		E TO (OR AS A CONSEDUENCE C	OF):			
ON	Sequentially list conditions, b.	E TO (OR AS A CONSEDUENCE O	OED-			
AT	cause. Enter UNDERLYING		<i>7</i> 1 ).			
FIC	CAUSE (Disease or injury that initiated events	E TO (DR AS A CONSEDUENCE (	OF):			
CERTIFICATION	resulting in death) LAST					
MEDICAL	PART II. Other aignificant conditions contributing	g to death but not resulting	in the underlying cause giver	n in Part I. 24s. WAS AN	N AUTOPSY 24 RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
50				1 TYES :	2 NO	COMPLETION OF CAUSE OF DEATH?
ME						1 TES 2 ND
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)		
PHYSICIAN:	1 VES 2 NO 1 Inpatient	2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Realder	nca 6 🗆 Other (Specify)		
PH	(Mor	TE OF INJURY 28b. TII	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 TES 2 NO			
	3 Suicide 8 Could not be 26s. PLA	CE DF INJURY — At home, farm, ding, atc. (Specify)	street, factory, office	281. LOCATION (Street City or Town, State,	and Number or Rural	Route Number,
COMPLETED	4 Homicide determined					
7	29a. CERTIFIER 1 CERTIFYIND PHYSICIAN: To the be	est of my knowledge, death occur	rred at the time, data end place, and	due to the cause(a) and ma	anner as stated.	
OM	one) 2 MEDICAL EXAMINER: On the bests	of examination and/or investigate	ion, in my opinion, death occured a	t the time, date and place, at	nd due to the cause	(a) and manner as stated.
	286. SIGNATURE AND TITLE OF QUITTIER		29c. LICENSE	NUMBER	29d, DATE SIGNE	D (Month, Day, Year)
BE	John XI Ow		ZQ G	0795	D 7	-29.93
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED					
	Joth G. LMIN	62121/02		LTHORE A	ND Z	1212
	31. DATE FILED (Month, Day, Year) AUG 0 3 1993	STRAR'S SIGNATURE	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

transit permit, Pages 1, 2, 3 should

li you	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial		
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	his	hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. REGISTRAR'S SIGNATURE

FUNERAL (

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Anno 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 220-14-6026 6 Maryland 9a. FACILITY NAME (If not institution, give street 96. CITY, TOWN OR LOCATION OF DEATH COUNTY OF DEATH DIRECTOR ed. RESIDENCE OF DECEDE 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Frederick New Market FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10392 Meadowhead Circle 21774 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify 3 📉 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grace Mis Kelly Frank Monahan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 10392 Meadowhead Circle New Market, Maryland 21774 Elizabeth Zeller 204 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 20a. METHOD OF DISPOSITION

1.N. Burial 2 Cremation 3 Removal from State

4 Donation 5 Cher (Specify) Most Holy Redeemer 8-3 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6500 York Rd. Balto. MD rerus George J. Ferrarse Mitchell-Wiedefeld Home 21212 23. PART i. Enter the diaeases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory erreat, Approximate ahock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) **Onaat and Death** disesse Dr condition_ cardine reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ate CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? scizures al 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 2 ER/Outpatient 3 DOA 1 YES 2, NO OTHER ng Home 5 🗆 Rasidenca 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY - At home, term, street, factory, office 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE-OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, 2065 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1997 Junior State State Marketine

	IN THE MUSH IAL UK ALLENDING PHYSICIAN; THE IAM REQUIRES THAT THE GRATH CENTRICATE DE EXECUTED WITHIN 24 HOURS ATTENDED TO THE TOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILED (Month, Day, Year) AUG 0 3 1993

32. REGISTRAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	STATE OF MAR					EALTH DEAT		MENTAL HYGIEI	lE .			
	1. DECEDENT'S NAME (First, Middle, Last	)							2. DATE OF DEATH		$\top$	3. TIME OF DEATH	
	Regina M	arie Flo	odi						MONTH 7	9	YEAR	1250 Pu	
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign	
	182-112-291	1 - M 2 2 F	7	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Gey, Your		Country	^	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y. TOWN C	OR LOCATIO	ON OF DE	4/16/6	9c. COUN	TY OF DE	ATU	
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18	RESIDENCE OF DECEDENT	105 / 17GL			_D	H	tim	ore	City	Ba.	Ltimo	or <u>e City</u>	
DIRECTOR	10e. STATE 10b. COUN	тү		10c. CITY	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
<u>=</u>	Maryland	Baltimore				Pik	esvi	lle				LIMITS?	
A A	10a. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZ		IAT COUNTRY?	
E.	127 Hawthorne	e Avenue					2120	08		1	U.S	. Δ	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARI	WED	13.	WAS DEC	ENDENT OF	F HISPAN	IC ORIGIN? (Specify Ye	n or No—	14 BACE	- American Indian	
	1 🖾 Never Married 2 🗌 Merried	FORCES? 1   IF YES, GIVE WAR		0		If yes, spi	2 (2ENO	i, Mexicar	n, Puerto Rican, etc.)		Black,	White, etc.	
ВУ	3 Widowed 4 Divorced						2 23.110	эрвспу			Specify	White	
E	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DEC	CEDENT'S	USUAL C	CCUPATIO	ON st of working	_	16b. KIND OF BU	SINESS/INDU	STRY		
	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	during mo	St OF WORKING	,					
N N		l Year		Di	isab	1ed							
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BE (	John Mic	chael Floor	d				Ag	nes	Josephin	ne McA	ndre	w	
	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	S (Street a	_		loute Number, City or Tox				
5	Mrs. Mary Herzic	ch .		127	Haw	thor	ne Av	zenu.	e Pikesvi	11e.	MD	21208	
	20e. METHOD OF DISPOSITION		20b. PLACE A	ND DATEO	F DISPO	SITION /Na	me of				ATION — City or Town, State		
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	21. SIGNATURE OF FUNERAL SERVICE L	77-			22.	NAME AN	D ADDRES		CILITY		****		
	Medicila	dent								eral Directors, Inc.			
	20 2021 21 21				8	728	Liber	ty 1	Road Rand	lal1st	own,	MD 21133	
	23. PART i. Entar the diseases, or shock, or heart failure	. List only one cause of	used tha dea on aach line.	eth. Do n	ot entai	r the mo-	da of dyir	ng, such	as cardiac or resp	iratory arre	st,	Approximata interval Between	
1	IMMEDIATE CAUSE (Final disease or condition			0			6.					Onset and Daath	
	resulting in death)	. BOW	el 10	tar	ct	COI	CR	ect	osignoid	)	3-	Awks	
		DUE TO (OR	AS A CONSEQ	UENCE OF	):				J			11	
N	Sequentially list conditions,	" HXE	otens	JON									
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEO	UENCE OF	):							1.11	
5	CAUSE (Disease or Injury	c	seps	515	7								
Ē	that initiated events	DUE TO (OR	AS A CONSEC	UENCE OF	):								
点	C. Martine C. C.	d	-!										
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B	2 Accident Investigation	20 21 22 22 22					ES 2 [	NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc.	(Specify)	ne, term, si	treet, tec	tory, office			28t. LOCATION (Street City or Town, State	and Number o	r Rural Rol	ute Number,	
E													
COMPLET		SICIAN: To the best of my k											
O		ER: On the beels of examin										end manner ee stated.	
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	1 - FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR						YGIEN EG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Mae Andrews Kee	fer Flair	r						August	2.		93	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is			R 1 YEAR	IF UNDER		7. DATE OF E			8. BIRTH Country	PLACE (State or Foreign
	215-03-6123	1 M 2 X F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	12	1899	Mar	yland
OR	9a. FACILITY NAME (If not Institution, give at Frederick Memor		ital		9b. CIT		deric		EATH			rede	rick
ᇈ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			1 20 22									
DIRECTOR	Maryland	Frederic	k	10c. CI1		Air							10d. INSIDE CITY LIMITS?  1 YES 2 NO
\¥	100. STREET AND NUMBER	1 D.1.				101	. ZIP CODE		1771		10g. CITI	ZEN OF W	HAT COUNTRY?
Ä	13109 Old Nationa	il Pike						4	1//1		Uni	ted	States
BY FUNERAL	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 3	ARMED NO	13	If yes, sp	ENDENT OF	n, Mexica	NIC ORIGIN? (S in, Puerto Ricar y:	pecify Yes i, etc.)	or No—	Black	- American Indian, , white, etc.
	15. DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL	CCUPATIO	264		165 MIN	D OF BUS	INESS/IND		
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of te. Do NOT u	work done	during mo	st of working	g	Total Total	0 0 00	MITE OUT HIS	001111	
7	7th grade	College (F-I or 5+)		Hou	sewi	fe							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTH	ER'S NA	ME (First, Middl	e, Maiden	Sumame)		
П	John Hood								e Elgi				
0	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number, C	ity or Town	, State, Zip	Code)	
5	Mrs. Eva Summers			1311	2 01	d Na	tiona	1 P	ike M	t. A	iry,	MD	21771
	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3 Remo	oval from State	20b. PLACE competery, or Pleas	EANDDATE remalory or o	OF DISPO	SITION (Na	me of eterv	7	8/4		nrovi		wn, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	NAME AP	ID ADDRES	S OF FA	CILITY				
	> KAMOR	1/2 (	20011						Funer				
	19/100	000	1000										1, MD 21784
	23. PART I. Enfer the diseases, or of shock, or heert failure.	complications that List only one caus	caused the d se on each iin	leath. Do	not ente	r the mo	de of dyle	ng, suc	h as cardiac	or respi	ratory arr	est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease of condition								*	,			Onset and Death
	resulting in death)	· les	OR AS A CONSI	10	300	100		20	uden	+			1 week
		\ 1											20 years
N	Sequentially list conditions,		OR AS A CONSE										20 years
F	if any, leading to immediate cause. Enter UNDERLYING	00 300	OR AS A CONSE	EQUENCE O	HF):								
RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSE	EQUENCE O	F):								
E	resulting in death) LAST				,								
S		d											
A P	PART ii. Other significant condition	a contributing to	death but not	resulting	in the u	nderiying	g ceuse g	iven in	Part I. 24e	WAS AN		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL									10	YES 2			COMPLETION OF CAUSE OF DEATH?
ME											- VIII		1 TYES 2 THO
									_				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Ch	eck only one)				
SIC	1 VES 2 KNO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4   Nu		e 5 🗆 Res	sidence	6 Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I		28b. TIN		28c. INJ			28d. DESCRI		URY OCC	UREO	
BY	1 Natural 5 Pending 2 Accident Investigation	(month, be	y, roury	,,,,,	M		YES 2	NO					
8	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY At h	ome, farm,	street, fac	ctory, offic	•		28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	loute Number,
LET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN. To the head of	and the second of the second	4				_					
COMP	(Check only one)  1 CERTIFYINO PHYSIC ONE)  2 MEDICAL EXAMINE												and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUI	BER		29d. DATE	SIGNED	(Month, Day, Year)
0	14/1	-21/	W	~			DI	14	079		19	3/2	193
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLE	E OF DEATH AT	F14 070 (T	0.7-45				- '			, –	ر ، ،

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) AUG U 3 1993

32. REGISTRAR'S SIGNATURE

ALC: NO.

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG.	NO.		
	1151112	FOUT		M 7 M 2 9		2. DATE OF DEAT	02	93 0	TIME OF DEATH
		8. AGE (In M 2 □ F 96	yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Yea	r)	Country)	ICE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and			9b. CITY, TOWN	OR LOCATION OF D	02/24/1	_	Mar UNTY OF DEAT	yland
DIRECTOR	Harbor Hospital (	Center		Baltim		ity		=====	n
H	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			104	I. INSIDE CITY
0	Maryland Anne A	rundel	Ba	ltimore					YES 2 X NO
FUNERAL	209 - W. 3rd Avenu				1. ZIP CODE 21225			TIZEN OF WHAT U.S.A.	COUNTRY?
B	1 Never Married 2 Merried FC	AS DECEDENT EVER IN U PRCES? 1 TYES YES, GIVE WAR OR DATE	2 XNO	If yee, s	CENDENT OF HISPAI pecify Cuben, Mexico 3 2 X NO Specif	NtC ORIGIN? (Specifier, Puerto Rican, etc.) y:	Yee or No— )	14. RACE — Black, WI Specify:	American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	ed) ge (1-4 or 5+)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m	ON ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
MPL	8th Grade	(1-0.0+)	Housew:	ife		Home	Make	r	_
	17. FATHER'S NAME (First, Middle, Last) Fran	cis Blo	ttenber	ver	18. MOTHER'S NA	ME (First, Middle, Ma na Hube			
BE	19s. INFORMANT'S NAME (Type/Print)	<u> </u>				Route Number, City or	-	in Code)	
5	Roland Tormollan			rookwoo					d 21225
	20a. METHOD OF DISPOSITION 1   ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal fro	m Stata 20b. Pl	ACE AND DATE OF	DISPOSITION (N	ame of			- City or Town,	
	4 Donation 8 Other (Specify)  21. SIGNATURE-OR, FUNERAL SERVICE LICENSEE	Ce	dar Hill		PLY ND ADDRESS OF FA	8/5 I	Baltimo	ore, Ma	aryland
	· Harra MBs	murec	ski	Georg	e J. Gon	ce Funer Hwy. Ba			21 225
	22. PART I. Enter the diseases, or campile shock, or heart failure List on iMMEDIATE CAUSE (Finei disease or condition resulting in death)	DUE TO (OR AS A C	T FA	LURE	ode of dying, auc	h aa cardlec or n	epiretory ar	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DEHYD DINSEQUENCE OF):	RATION	- Elec	TROLYTE	Imba	LANCE	
	PART ii. Other significant conditions control	ibuting to deeth but	not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
: MEDICAL							FORMED?	CON OF	ILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (Ch	ack nak one)			
SIC	EXAMINER?  1 YES 2 NO 1 Vin	PITAL: patient 2 - ER/Outpatie		THER:	e 5 🗆 Residence				
BY PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Be. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	OF 28c. IN.	URY AT PRK?	28d. DESCRIBE HO	W INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	At home, term, str	et, fectory, offic	•	28f. LOCATION (Str City or Town, S	eet and Number ate)	r or Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the	the best of my knowleds	ge, death occurred ad/or investigation,	at the time, date	end piece, end due	to the cause(e) end time, date end place	manner se sta , end due to th	ited, he ceuse(e) end	I menner se stated.
TO BE	and atte of certifier	no			29c. LICENSE NUN	RBER		8-02-	
	SOLUTION WHO COMPENSON WHO COMP		I (ITEM 27) (Type, P	rint)					
2	31. DATE FILED (Month, Day, Year) AUG 0 3 1993	Burlow Por		···					



DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 72 hours after death with the State Dent of Health and Mental Horiene noing to build; cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CI	ERTIF	ICATE O	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, L BETTY LOU FISC						2. DATE O	F DEATH	AY 1.0	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	nt blotholm i	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Aug	T	1.5	993	5:00 p
214-24-6390	1 🗆 M 2 🏝 F	64	YRS.	MONTHS DAYS		(Month, 8-1	Day, Year)	29	Countr	y)
9a. FACILITY NAME (If not institution,	give street and number)	,		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	TY OF D	EATH
9234 Marydell	Rd			Ellico	tt City			Howa	ard	
MD 10b. CO	oward			y, town or loc licott						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		M7/15 B			of. ZIP CODE			10g. CITIZ	EN OF W	VHAT COUNTRY?
9234 Marydell	Rd				21042			USA	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	TEVER IN U.S. AF	RMED NO	If yes,	ECENDENT OF HISP specify Cuben, Maxi ES 2 NO Specific	can, Puarto Ri	(Specify Yea	or No-	14. RACE Black Speci	- American Indian, c, White, stc.
15. DECEDENT'S	EDUCATION			USUAL OCCUPA		16b. I	CIND OF BU	SINESS/INDI	JSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	- HA	ive kind of Do NOT u	work done during i se retired.)	nost or working					
9		Ho	omema	ker						
17. FATHER'S NAME (First, Middle, Las	it)				18. MOTHER'S I	AME (First, Mi	ddie, Maiden	Sumame)		
Edward Arnold					Alma	Kratz				
19a. INFORMANT'S NAME (Type/Print)					t and Number or Run					
Gloyd D. Fisch	bach	9	9234	Maryde1	1 Rd E11	icott	City	MD 21	1042	
20a. METHOD OF DISPOSITION 1	Removal from State	other pi	lace)	SITION (Name of	emetery, crematory o	r	20c. LO	CATION - C	Cify or To	wn, Stata
21 SIGNATURE OF FUNERAL SERVICE		_   Meado	owrid		AND ADDRESS OF	EACH ITY	E	Elkrid	lge 1	MD
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock or heart fall	LICENSEE  Or complications to	At caused the de	eath Do	Harr 4112		ke Fun a Pike	eral Elli	Home cott	Inc Cit	y MD 21043 Approximate
23. PART I. Enter the Genesee	LICENSEE  Wits	at caused the deuse on each line	eath. Do	22. NAME Harr 4112 not enter the n	y H Witz Columbi	ke Fun a Pike	eral Elli	Home cott	Inc Cit	y MD 21043
23. PART I. Enter the decasee, shock, or leart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. He DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	at caused the deuse on each line  PCLY C  OOR AS A CONSE  CONSE	aath. Do	22. NAME Harr 4112 not anter the n	y H Witz <u>Columbi</u> node of dying, so	ke Fun a Pike ach as card	eral Elli ac or reap	Home Cott Iratory arro	Inc Cit	y MD 21043 Approximate Interval Between Onset and Death 2 whs
23. PART I. Enter the decase, shock, or part fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. He Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	at caused the deuse on each line  PCLY C  OOR AS A CONSE  CONSE	eath. Do	22. NAME Harr 4112 not enter the n	y H Witz Columbi node of dying, so	ke Fun a Pike ach as card	eral Elli ac or reap	Home Cott Iratory arro	Inc Cit	Approximate interval Between Onset and Deati
23. PART I. Enter the deessee, shock, or part fell iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	a. He DUE TO DUE TO d.	at caused the deuse on each line  PELLE  OR AS A CONSE  O (OR AS A CONSE  WWW WT  O (OR AS A CONSE	eath. Do	22. NAME Harr 4112 not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter the not enter t	y H Witz Columbi node of dying, so	ke Fun a Pike ach as cardi	eral Elli ac or reap	Home  cott  Iratory arrow  RAUTOPSY RAMED?	Inc Cit	y MD 21043 Approximate Interval Between Onset and Death 2 whs
23. PART I. Enter the decase, shock, or eart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due To Due To d. HOSPITAL:	at caused the deuse on each line  PELLE  OR AS A CONSE  O (OR AS A CONSE  WWW WT  O (OR AS A CONSE	COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENC	22. NAME Harry 4112 not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter	y H Witz Columbi node of dying, so	ke Fur a Pike ach as cardi	eral Elli ac or reap  [ccdd	Home  cott  Iratory arrow  RAUTOPSY RAMED?	Inc Cit	Approximate interval Between Onset and Death 2 whs
23. PART I. Enter the decase, shock, or part fell immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH 08 YEAR elvin Grant Jr. 11:15 AM 01 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 218-44-6669 1 W 2 F YRS. 4/24 Se. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Pocultimore VA Medical Center Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MI 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21216 2105 move 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri BY 3 Widowed 4 Divorced 1ac COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) an DeNTer 12 be notified at once 17. FATHER'S NAME (First, Middle, Last) Melvin 8 GraNI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (SI 2 imore, MC-212/6 10 0 204. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Burlal 2 Cremation 3 4 Donation 5 Other (Specify) ary, crematory or other place) n 3 🗆 R Carrison, OWINGS Mills, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 38 N. Gilmon Sha 21217 1/ben 23. PART I. Enter tife diseases, or complications that caused the decistock, or heart failure. List only she cause on each line. medical caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate intervai Between **IMMEDIATE CAUSE (Final** Onset and Death e e disease or condition resulting in death) Staph Endocarditic 16 day iMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) IV Drug Abu Abuse BY PHYSICIAN: MEDICAL CERTIFICATION years Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Purulent Pericarditis 1 YES 2 NO OF DEATHS 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA e 5 🗆 Reside 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be datermined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do occured at the time, date and place, and due to the cause(s) and manner as stated GNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 93 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Greene St. Ba 1ti nove O'Mahony MD 31. DATE FILED (Month, Day, 16er) AUG 0 3 1993



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DIVISION OF VILAL RECORDS, P.O. BOA 88780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shr be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	- 1	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH		3. TIME OF DEATH
	-	JOSEPHINE	GUGLIOTT	A			MONTH		YEAR 110AM
1		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I.	1	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Coup(y))
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_ la	r	9a. FACILITY NAME (If not institution, give stre	0	91	o. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNT	TY OF DEATH
	DIRECTOR	RESIDENCE OF DECEDENT	GERINTRIC		J)4	TIMOI	2		
	4	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
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1	200	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	ARMED	If yes, spi	cify Cuban, Maxica	NIC ORIGIN? (Specify 1	ea or No 1	4. RACE — American Indian, Black, White, etc.
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notified	2	19a. INFORMANT'S NAME (Type/Print)	4 6	196. MAILING AD	DRESS (Street a	d	Route Number, City or To	wn, State, Zip C	ode)
9		200 METHOD OF DISPOSITION	-GIOTTA	de	19 H	ugHes	KD.		
must		Burlai 2 Cremation 3 Ramov	rai from State cemetery/ci	rematory or other	place!		DATE 20c. L	OCATION CI	ty or Town, State
		21. SIGNATURE OF FUNERAL SERVICE LICE		ery K	EDEE	D ADDRESS OF FA	CILITY =	1840,	MD, epal Home
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item 23			HOSPITAL:	0:	26. PL THER:	ACE OF DEATH (Ch	eck only one)		
5 >	2	1 VES 2 NO	Inpatient 2   ER/Outpatient   26a, DATE OF INJURY	3 🗆 DOA   4	Nursing Home		8 Other (Specify)		
		1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF	WOI	łK?	28d. DESCRIBE HOW	INJURY OCCU	RED
	- 11	2 Accident Investigation 3 Suicide Could not be	26a. PLACE OF INJURY At h	nome form street		ES 2 NO	201 1 0 0 1 7 0 1 7 0 1		2 / 2 / 4
28 Is		4 Homicide 6 Could not be	building, atc. (Specify)		n, motory, office		28f. LOCATION (Street City or Town, State	and Number or	Murei Houte Number,
If Item 2		29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the heat of my beautates, a						
E   B		(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, d On the beals of examination and/or	r investigation. In	t the time, data	and place, and due	Io the cause(a) and m	inner as stated	
TIANT	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER							
IMPORTANT: If Item	1	DROLL	Sohns Hope			THE LICENSE NUM	RER	29d. DATE S	SIGNED (Month, Day, Year)
≥ 6		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Prin	10 Int.	· Maria	ha Gerra	1 0/	1192
		V.13. Coree no	might and		5 1try	my John		CINC	21274
1		24 DATE EU 50 04 - 0 0 11 1	32. REGISTRAR'S SIGNATURE					- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	-12-7
-	7	31. DATE SILED (Month, Day, Year)	32. HEGISTHAN'S SIGNATURE						

1	-	FOR STATE REGISTRAI

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	edent's NAME (First, Middle, Last) Charlene	Gree	n			2. DATE OF DEATH MONTH	0-93	3. TIME OF DEATH
	IAL SECURITY NUMBER	8. SEX	8. AGE (In yrs. last birthday	IF UNDER 1 Y	EAR IF UNDER 24 H	s. 7. DATE OF BIFTH	8.	BIRTHPLACE (State or Foreig
21	7-58-9928	1 DM 2 DF	40 YRS.	MONTHS D	AYS HOURS MI	(Month, Day, Year) 3-26-		Country) Md
	CILITY NAME (If not institution, give	street end number)		9b. CITY, TO	WN OR LOCATION O		9c. COUNTY	
	1645 Calho	un St.	Apt230	Ba	lto			
10a. S1	TATE 10b. COUNT	гү	10c, C	TY, TOWN OR L	LOCATION			10d. INSIDE CITY
Mo				Balto				LIMITS?
	REET AND NUMBER			Darco	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10e. ST	45 N. Calho	un Stree	et Apt 23	0	21217		U.	S.A.
11. MAI	RITAL STATUS lever Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. ARMED	13. WAS	B DECENDENT OF HI	SPANIC ORIGIN? (Specify xican, Puerto Rican, etc.)	Yea or No — 14.	RACE — American Indian, Black, White, alc.
11	Vidowed 4 Divorced	IF YES, OIVE V	YES 2 NO		YES 2 NO S			Specify:
	15. DECEDENT'S EDI		16a. DECEDENT	S USUAL OCCU	IPATION	16b, KIND OF E	USINESS/INDUS	Black
Ele	(Specify only highest grad	College (1-4 or 5	His Do MOT	f work done durii use retired.)	ng most of working			
	2th		Child	Care	Provid			
17. FAT	HER'S NAME (First, Middle, Last)				and the second second	NAME (First, Middle, Maid		
w a	lter Green					rnice Ba	-	
D 198. IN	FORMANT'S NAME (Type/Print)					ural Route Number, City or 1		
Re	ernice Gree	n	20b. PLACE AND DATE			St. Balto	LOCATION — City	
1 💢 B	urial 2 Cremation 3 Remonation 5 Other (Specify)	noval from Stale	cemetery, crematory or	other place)			LOCATION — City	or lown, state
	NATURE OF FUNERAL SERVICE L	CENSEE	- L Woodla	22. NAI	emetery	8/6/93 F FACILITY	Balte	, MD
	400						Ye. Lui	
23. P	ART I. Enter the diseases, or	complications the	it caused the deeth. Do	not enter the	rch F/H	-West 430	00 Waba	ASh Ave
	shock, or heart failure.	List only one ceu	ise on each line.	not ontor the	e mode of dying,	such as cordisc or rec	ipitatory arrest	Interval Bet
disea	DIATE CAUSE (Final se or condition	B	urkitt's	1	ymphoi	na		6 mos
reaut	ing in death)	DUE TO	(OR AS A CONSEQUENCE	OF):	1			01703
Secur	entially list conditions.	b		TALL V				
if any	, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	OF):				
CAUS	E (Disease or Injury	C. DUE TO	(OR AS A CONSEQUENCE	OF):				
	ing in desth) LAST	4						
	II. Other algnificent condition	na contribution to	death had eath a saide	In the condi				
PART	ii. Other alginicent condition	na contributing to	gaeth but not lesciting	in the under	riying ceuse give		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI
						1 _ YES	2 NO	OF DEATH?
<u> </u>								1 TYES 2 NO
	S CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)		
1 EX	AMINER? YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	Home 5 Reside	nce 8 Other (Specify)		
27. MA	NNER OF DEATH	28s. DATE OF (Month, D			c. INJURY AT WORK?	28d. DESCRIBE HO	V INJURY OCCUR	RED
1 04	Natural 5 Pending Investigation		1-	M 1	YES 2 NO			
2 [	Culable	28a, PLACE C	of INJURY — At home, farm atc. (Specify)	, street, factory,	, office	28f. LOCATION (Stre- City or Town, Ste	et and Number or ite)	Rural Route Number,
3	a - conia not be	oullaing,	(//					
3 4 2	Homicide determined							
3 4	Homicide determined  ATTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, death occu					
3 4 290. CE	Homicide determined  ERTIFIER 1 CERTIFYING PHYS  2 MEDICAL EXAMIN	SICIAN: To the best of e						ause(e) and manner as stat
290. CE (C/C)	Homicide determined  ATTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of e	my knowledge, death occu			Ihe lime, date and place,	end due to the c	ause(e) and manner as state  GNED (Month, Day, Year)
29a. CE (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Homicide determined  entifier sections 1 CERTIFYING PHYS 2 MEDICAL EXAMIN  GNATURE AND TITLE OF CERTIFIE  CHARL B ATT	SICIAN: To the best of e	my knowledge, death occu xamination end/or investigat On colory Fellow	tion, in my opini	ion, death occured a	Ihe lime, date and place,	29d, DATE S	
29a. CE (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Homicide determined  ERTIFIER 1 CERTIFYING PHYS  2 MEDICAL EXAMIN	SICIAN: To the best of e	my knowledge, death occu xamination end/or investigat Pallous Fellous SE OF DEATH (ITEM 27) (Typ.	oa, Print)	ion, death occured a	Ihe lime, date and place,	end due to the c	

BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	, ,		111111111111111111111111111111111111111		2. DATE OF C		VOT AS)	3. TIME OF DEATH
KATHARINE MAE	GRESHAM				08-0.	L-1993		10:25 a
4. SOCIAL SECURITY NUMBER 219-16-3489	5. SPX 6. A	NGE (In yrs. lest birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	20-1918	Country)	RYLAND
99. FACILITY NAME (if not institution, give SINAL HOSPITAL RESIDENCE OF DECEDENT		Œ		OR LOCATION OF D		9c. COU	NTY OF DE	ATH ^
10e. STATE 10b. COUN	TY	10c. C	ITY, TOWN OR LOCA	TION				IOd. INSIDE CITY
MD			BALTI	MORE				LIMITS?
10e. STREET AND NUMBER				H. ZIP CODE		10g. CIT		IAT COUNTRY?
5617 LOTHIAN RO	AD IST FT.			21	212		USZ	\
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxico S 2 NO Specifi	NIC ORIGIN? (Se an, Puerto Ricar		14. RACE -	American Indian, White, atc.
15. DECEDENT'S ED	HICATION	Las acococus	1			1		DIACK
(Specify only highest grad (Specify only highest grad Elementary/Secondary (9-12)	College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPAT I work done during m use retired.) HOUSEWIF	ost of working	16b. KIN	DOMEST		
17. FATHER'S NAME (First, Middle, Lest)			TICOSEWIF	7			TC	
JOHN HARLEM				The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S		e, Malden Surname)		
19a. INFORMANT'S NAME (Type/Print)					SMITH			
PATRICIA MEISON				and Number or Rural N ROAD 19				21212
20a. METHOD OF DISPOSITION								
1 KBurial 2 Cremation 3 Ra	moval from Stata	COMPLETE SHY	E OF DISPOSITION (A	TITETON O /	DATE	20c. LOCATION —	-	
4 Donation 5 Other (Specify)	ICC ICEE	DOSILI PA			05/93			MARYLANI
21. Starper one Security Security	L C	0		ND ADDRESS OF FA	CA	PLE FUNE		
1700	BILSK		2654	MARYTAN	D AVE.	BALTIMO	RE, M	D. 21218
23. RAET In Enter the diseases, of shock, or heart fally immediate CAUSE (Final disease or condition resulting in death)	a.	CUTE	not anter the m		ch as cardiac	or reapiratory sr		Approximate Interval Betwee Onset and Das
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR	on aach lina.	not antar tha m	oda of dying, suc	ch as cardiac	or reapiratory sr		Approximate Interval Between
immediate Cause (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR DUE TO (OR C.	AS A CONSEQUENCE	or):	oda of dying, suc	ch as cardiac	or reapiratory sr		Approximate Interval Between
SHOCK, or heart failue IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions	a. DUE TO (OR  b. DUE TO (OR  c. DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE of the but not resulting	orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:  orp:	ARDIAC	DN I	or reapiratory sr	245. 1	Approximate Interval Betwee Onset and Das
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YES 2 NO ce a and place, and dudenth occurred at the	Part I. 24a  1 Part I. 24a  1 Check only one)  8 Other (Sp  28d. DESCRIII  28f. LOCATIO City or To  e to the cause(a	WAS AN AUTOPSY PERFORMED?  YES 2X NO  Colly)  BE HOW INJURY OC  N (Street and Number win, State)	24b. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Approximate Interval Betwee Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset and Dark Onset an

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transbe filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Lauren taluar un Disers Av. 1893

93 22368

FOR

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE	OF	DEAT	ГН	2. DATE OF	EG. NO	).		2 7/445 00 50	ATM
JOHN EDWAR	D		GARDNER JR.					3	O O	YEAR 3	3. TIME OF DE 1:30	A . a
4. SOCIAL SECURITY NUMBER	-	B. AGE (in yrs. last birthday)	IF UNDER 1	-	IF UNDER		0.7	BIRTH			IPLACE (State or	
217-38-4015	1 🕅 M 2 🗆 F	52 YRS.		DAYS	HOURS	MIN.	(Month, De	y, Year)	041	Countr	RYLAND	
9e. FACILITY NAME (If not institution, give t	street and number)		9b. CITY, T	O MWO	R LOCATI	ON OF DE		19	1 494	JNTY OF D		
1202 COX STRE	ET		BAL	ΓIM	ORE	CI	TY		N	I/A		
10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR	LOCAT	ON						10d. INSIDE CI LIMITS?	TY
	N/A	В	ALTIM	ORE	CIT	Y					1 X YES 2	
100. STREET AND NUMBER  1202 COX STREET  11. MARITAL STATUS  1 Never Merried 2 Merried			17.5	101.	212 212	E 211				S.A	• COUNTRY	
3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto F						n, Puerto Rica	n, Puerto Rican, atc.)			14. RACE — American Indian, Black, White, atc. Specify: WHITE	
15. DECEDENT'S EOU (Specify only highest grade		16e. DECEDENT'S					16b. KIA	D OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	-	any mos	ur worldr	n)						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Lest)	NONE	PIPECO	VERER					AL #				
17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd		Surname)			
JOHN E. GARDNER,	SR.						L. WAT					
19e. INFORMANT'S NAME (Type/Print)	CD						Route Number, (				D 21061	
JOHN E. GARDNER,	SR.			_		. S.			_	_	D 21061	
20a. METHOD OF DISPOSITION  1  Buriel 2  Crematton 3  Rem  4  Donetion 5  Other (Specify)	noval from State	cemetery, cremetory of GLEN HAVE	OF DISPOSIT	ON (Na	ne of D	ΔRV	DATE S5			City or To	, MD 21	060
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	GEEN HAVE	22. N/	AME AN	D ADDRES	SS OF FA	CILITY			TOTAL	, 110 21	000
+ 98. Stone	Hyskin	<b>.</b>					NERAL S.W.			RNIE	, MD 21	061
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEQUENCE OF	IF):									
PART-II. Other significant condition	d		J- 41									
Dichty Mi	Ulita,	eeth out not reduiting	in the und	eriying	cause	given in	_ 1	PERFO	277		AMAILABLE PRIC COMPLETION D OF DEATH?	F CAUSE
25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Ch	eck only one)					
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DDA	OTHER:	па Ноти	5 K Re	sidence	6 COther (Sp	oecify)				
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF IN (Month, Day,			Bc. INJU	JRY AT		28d. DESCRI	_	INJURY O	CCURED		
2 Accident investigation 3 Suicide 6 Could not be determined	26s. PLACE OF building, et	thJURY — At home, farm, ic. (Specify)	street, factor	y, office			261. LOCATIO	ON (Street own, State,	and Numbe	er or Rural F	Route Number,	
		ny knowledge, death occur mination and/or investigati									end manner e	stated.
296 BIGHATURE AND TITLE OF CERTIFIE  THE Sauce Us	King on	4				C . M			29d, DA		(Month, Day, Yes 0 – 1993	
30. Name and address of person we	McKen	6- 111 Pe		tre	eet,	Ва	ltimo	re,	Mar	ryla	nd 21	201
31. DATE FILED (Mönth, DB), Year) AUG 3 19	32. REGISTBAR	Signature Devidon from	4.00	1								

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be discounted in as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to britial, ceremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at since. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neti
MOR	аде 6 т	director,	er must
ALTI	death. P	e funeral	examin
	ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	medical
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	e execut	an and o	numatic
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	PITAL	ERAL in 72 i	T: III
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	REGISTRAR	CI	ERTIFICA	ATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)  ANNA: LOUISE		GERS	Т		O 7 30				
	4. SOCIAL SECURITY NUMBER 5. SEX 220-09-5835 1 ☐ M 2 ☐	6. AGE (In yrs. Ins	YRS. MONT	NOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 02 191	A. Bi	RTHPLACE (State or Foreign unity) RYLAND		
a	99. FACILITY NAME (If not Institution, give street end number NORTH ARUNDEL HOSPITAL			96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE  96. COUNTY OF DEATH A.A. COUNT						
١٤	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY						Terres and the second			
DIBECTOR		NDEL	MILLE	RSVIL	10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FINEBAL	100. STREET AND NUMBER 8401 VETERANS HIGHWAY			10	21108		U.S.			
>	3 Widowed 4 Divorced	CEDENT EVER IN U.S. AR 7 1 TYES 2 TO BIVE WAR OR DATES		13. WAS DEC	ACE — American Indian, leck, White, etc. pecify: WHITE					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e, DE	CEDENT'S USUA	AL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTR	Υ		
	Elementary/Secondery (0-12) College (1-4 9 NONE	OWN HO	ME							
5 C	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Melden	Surname)			
in a	ADOLPH ABENI				LOU	ISE	SCHMI	DT		
De He	19e, INFORMANT'S NAME (Type/Print)	191	b. MAILING ADD	RESS (Street	and Number or Rural	Route Number, City or Tox	rn, State, Zip Code,	)		
T C	FREDERICK J. GERST	8	8401 VE	TERAN	S HIGHWA	Y MILLERS	VILLE,	MD 21108		
must be	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal from Sta 4 Donetion 5 Other (Specify)		AND DATE OF DIS			DATE 20c. LC	CATION City o			
miner	4 Donotion 5 Dother (Specify) GLEN HAVEN MEMORIAL PARK 8-3 GLEN BURNIE,  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SINGLETON FUNERAL HOME									
- exa	23. PART I. Enter the disease, or complication	aken		1 SE	COND AVE	. S.W. GLE	N BURNI	E, MD 21061		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s								Interval Batwean Onset and Death		
DICAL CE	DARKE II OAL alIII alIII alIII	ng to deeth but not r	reaulting in the	e underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
hows								OF DEATH?  1 YES 2 NO		
23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)				
at I	1 YES 2 THO HOSPITA	t 2 ER/Outpatient 3		HER: Nursing Horr	ne 5 🗆 Raeldenca	6 Other (Specify)				
arked, or item	I 1   Natural 5   Penging f	TE OF INJURY onth, Day, Year)	28b. TIME OF INJURY	WC	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	NJURY OCCURED			
m 28 is marked, ETED BY PH	3 Suicide 6 Could not be	ACE OF INJURY — At ho	ome, farm, street,	, fectory, offic	-	261. LOCATION (Street City or Town, Stets	end Number or Ru	ral Route Number,		
MPORTANT: If item	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besi							se(e) end menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	(1)			29c. LICENSE NU			NEO (Month, Day, Year) -30-93		
₹ 2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED LONG S. HSU, M.D./140	CAUSE OF DEATH (ITER		ITE 30						
	31. DATE FILED-(Month, Day, Year) 32. REG	ISTRAR'S SIGNATURE								
	AUG 8 1993 July	is Tavidon p	notice					DHMH-16 Rev 1/89		

100 M

_	REGISTI
	1. DECEDENT'S

TO BE COMPLETED BY FUNERAL DIRECTOR

		CERTIF	ICATE OF	DEATH	REG. NO.				
1. DECEDENT'S NAME (First, M . Last)	(MIKHAEL				2. DATE OF DEATH		3. TIME OF DEATN		
MIKHAEL	G	NZB	URG		MONTH DAY	93	705 AM		
4, SOCIAL SECURITY NUMBER		BE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	NPLACE (State or Foreign		
215-25-7192		86 YRS.			FEB. 17,19	907	RUSSIA		
	PIKESVILLE NURSING HOME PIKESVILLE								
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
MARYLAND	LIMITS?								
10a. STREET AND NUMBER									
1805 SNOW MEADOW LANE, APT. 203 21209 USA									
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 (40	if yes, s	CENDENT OF HISPAN Decity Cuban, Mexican B 2 NO Specify		No- 14. RAC Blac Spec	E — American Indian, ck, Whita, etc. city: WHITE		
15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECEDENT'S	vork done durina m		16b. KIND OF BUSINI	ESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	oct or morning	100	D ANTIC			
17. FATNER'S NAME (First, Middle, Last)		BOO	KKEEPER	Les MOTHERIS NA	TE COLON AND AND AND AND AND AND AND AND AND AN	BANK			
SIMON GINZBURG					AE (First, Middle, Maiden Sur NKNOWN	name)			
19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	and Number or Rural F	oute Number, City or Town, S	State, Zip Code)			
MRS GENYA GINZBUI	RG	1805	SNOW M	EADOW LAN	E, APT. 203	BALTIMO	RE,MD 21209		
20a. METNOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo 4 Donation 5 Dither (Specify)		20b. PLACE AND DATE Of cometery, cremetory or of			OATE 20c. LOCAT	MORE, M			
21. SIGNATURE OF FUNERAL SERVICE LICE		CHILDON I			INSON & BRO				
Sylvey &	tellua	w			INSON & BRO STOWN RD. B				
PART Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, p hear/fellure. List pniy one cause pn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
resulting in death) LAST									
PART I Other algnificent conditions	a contributing to deat	h but not resulting i	n the underlyle	ng cause given in			b. WERE AUTOPSY FINDINGS		
	a contributing to deat		n the underlyle	ig cause given in	Part I. 24a. WAS AN AU PERFORME 1 □ YES 2 □	07	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO		
PART I Other eignificent conditions  L 2 HE I MEK  25. WAS CASE REFERRED TO MEDICAL	a contributing to deat	h but not resulting i	n the underlyli	ng cause given in	PERFORME 1 NES 2	07	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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PART I Other algnificent conditions  L2 HE I WEK  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	a contributing to deat	h but not resulting I	28. F OTHER:  A Druring Note of 28c. In Way W	LACE DF DEATH (Che	PERFORME 1 VES 2	OT MO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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PART I Other algnificent conditions  22 HE   WEX  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  27. MANNER OF OEATH  1   Natural   5   Pending Investigation   2   Accident   Investigation   3   Suicide   6   Could not be described   4   Nomicide   CERTIFYING PNYSIC Check only	HOSPITAL:    HOSPITAL:     Impetient 2   ER/C     28a. OATE OF INJURN (Month, Day, Yes   28e. PLACE OF INJURN (Month, Day, Yes   28e. PLACE OF INJURN (Month, Day, Yes)	Dutpetient 3 DOA  TY 28b. TIMI INJ  JRY — At home, farm, a	28. FOTHER:  OTHER:  AUTHURY  M 1   street, fectory, offi	LACE DF DEATH (Che me 5  Raeldence JURY AT ORK? YES 2 NO ca	PERFORME  1 VES 2   ck only one)  6 Other (Specify)  28d. DESCRIBE NOW INJL  28f. LOCATION (Street and	JRY OCCURED  Number or Rural  r as stated.	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Route Number,		
PART I Other algnificent conditions  22 HE   WEX  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  27. MANNER OF OEATH  1   Natural   5   Pending Investigation   2   Accident   Investigation   3   Suicide   6   Could not be described   4   Nomicide   CERTIFYING PNYSIC Check only	HOSPITAL:  1   inpatient 2   ER/C  28a. OATE OF INJUE (Month, Dey, Yea  28c. PLACE OF INJUE building, stc. (S)	Dutpetient 3 DOA  TY 28b. TIMI INJ  JRY — At home, farm, a	28. FOTHER:  OTHER:  AUTHURY  M 1   street, fectory, offi	LACE DF DEATH (Che me 5  Raeldence JURY AT ORK? YES 2 NO ca	PERFORME  1 VES 2   Cock only one)  8 Other (Specify)  28d. DESCRIBE NOW INJU  28f. LOCATION (Street and City or Town, State)  to the cause(a) and manner time, date and piece, and di	Number or Rural r se stated.	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  Route Number,		
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PART I Other algnificent conditions  1 2 HE   SMEK  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:    Impettent 2   ERVC     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     28e. PLACE OF INJUGUED     38e. PLACE OF INJUGUED     48e. PLACE OF INJUGUED     58e. PLACE OF INJUGUED     58e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     68e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE OF INJUGUED     78e. PLACE O	Dutpetient 3 DOA  RY 28b. TIMM INJ  DRY — At home, farm, e  specify)  DEATH (ITEM 27) (Type,  1 7 2 2 2	28. FOTHER:  OTHER:  Wary  M  1  intreet, factory, offi	LACE DF DEATH (Che me 5   Rasidence JURY AT DRK? YES 2   NO ca a and piece, and due death occured at the	PERFORME  1 VES 2   Cock only one)  8 Other (Specify)  28d. DESCRIBE NOW INJU  28f. LOCATION (Street and City or Town, State)  to the cause(a) and manner time, date and piece, and di	Number or Rural r se stated.	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Route Number,		

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Jeath	
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BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 July after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygien	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or oth

TO BE COMPLETED BY FUNERAL DIRECTOR

												93	6	223	37	1
1 - FOR STATE REGISTRAR		STATE OF P	MARYLAI	ND / DEPA					MENTA	L HYGIEN	E					
1. DECEDENT'S NAME (First,	Middle, Last)			7					2. DATE	OF DEATH	,	YEAR	3. Tt	ME OF D	EATH	
Lillia	ın Eu	genia (	Goles						August2,1993					7:20	am	M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7 OATE	OF BIRTH th, Day, Year)		a. BIRTH	IPLACI	E (State o	r Foreig	חן
220-20-290	14	1 🗆 M 2 🖵 F	81	YRS.	s. July 23.1						912	V	ire	inia	a	
9e. FACILITY NAME (If not ins	stitution, give s	street and number)			9b. CI	ry, town (	OR LOCATI	ON OF D	EATH		9c. COUN	TY OF D	EATH			
1409 S	ussex	Road				Es	sex				Baltimore					
RESIDENCE OF DEC	10b. COUNT	Y		10c. CI	TY. TOWN	OR LOCAT	TION						10d.	INSIDE C	TY	_
Md.		Baltimore	2				Esse	x						LIMITS?		,
10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITE	ZEN OF V			_	
1409 Su	ssex	Road						212	21			III	SA			
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	S. ARMED	13					N? (Specify Yee	or No-	14. RAC	E - A	marican I	ndlen,	
1 Never Merried 2 3 Widowed 4 Divor		IF YES, GIVE					2 NO			Rican, etc.)		Spec		to, area		
		1											_Wh	ite		
15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY																
Elementary/Secondery (0 6th	-12)	College (1-4 or 5	+)		agen	~					Beth	Ste	e1			
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)					
Charles	Rei	d						Anni	e W	eiss						
19e. INFORMANT'S NAME (7)									Route Nun	nber, City or Tow	n, State, Zip	Code)				
Shirley S	nyder			1407	Sus	sex	Road		Balt	imore 1	Md. 2	2122	1			
20a. METHOD OF DISPOSITI	ON 3 T Rom	owal from State	20b. F	PLACE OF DISPO	OSITION (	Name of ce	metery, cre	matory or		20c. LO	CATION —					
4 Donation 5 Other	(Specify)		_  Sac	redHea						/9B B	altim	ore	Md	,		
IN SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	1 //			2. NAME A										
( Innell	uti	mula	l He	mel	)   0	conne	TTAŁ.	uner	alHo	me 3001	MaceA	ve.	212	.21		
23. PART I. Enter the di	seesas, or	complications the	at caused t	the death. Do	not ent	er the mo	ode of dy	ing, aud	ch aa car	diac or respi	retory arr	est,		Approx		
IMMEDIATE CAUSE (Fin			-1	17										Onset		
disease or condition resulting in death)	<b>→</b>	a	Sth	oke									_			
		DUE TO	OR AS A C	ONSEQUENCE	OF):					,						
Sequentially list conditi		b	OR AS A C	ONSEQUENCE	OF):								$\dashv$			
If any, laeding to immed cause. Entar UNDERLY	NG															
CAUSE (Disease or Inju	ry	DUE TO	OR AS A	ONSEQUENCE	OF):											
resulting in death) LAS	T	d														
PART II Other stratifica	nt non-dist-	no contribution to	adout him	mad menedal	- 1	amala de d		alva = '	Bort I	24e. WAS AN	ALFRONO	-	y.	E AUTOPS	W 60115	4100
PART II. Other significa	m condition	us contributing to	Juaeth Du	not resulting	y in the	undariyin	g cause	given in	ranti.	PERFOR	MED?	240	AVAII	LABLE PR	OT ROIL	
										1   YES 2	NO			IPLETION DEATH?	UT CAU	3E

1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Reeldence 8 | Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 28c. BNJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF tNJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident
3 Suicide 5 Pending Investigation 28e. PLACE OF thJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or trivestigation, in my opinion, death-occurred at the time, date end place, end due to the ceuse(e) end manner as stated.

b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 042638	29d. DATE SIGNED Month, Day, Year)

ta Nonnel

Robert Jabohaer KP-9105 Franklin	Sq Dr.	Su

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 0 3 1993

a Could not be determined

markendoon-Aprobable

BaH, MO 2123

OF DEATH?

ate or Foreign

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-will be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	UNERAL DIRECTOR: After this certificate has been signed by the vithin 72 hours after death with the State Dept, of Health and N	ANT: If Item 28 is marked, or Item 23 shows any inj
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BY PHYSICIAN: MEDICAL CERTIFICATION

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											93	2237
1 - STATE REGISTRAR		STATE OF I					HEALTH		MENTAL HYGIEN REG. NO.	E		
1. OECEDENT'S NAME (FIRE, MIC	HZ	-, Na	Halie	E		tha: Gla:	lie E	•	2. DATE OF DEATH 7	-29-	93 VEAR 013	3. TIME OF DEATH 23:0/
4. SOCIAL SECURITY NUMBER 214-22-5800		5. SEX	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-30-26		Count	HPLACE (State or Foreigny) timore, Md
9a. FACILITY NAME (If not institute Atlantic Hos RESIDENCE OF DECED	pital					Ber.	on Locati Lin	ION OF DE	АТН	10.00	NOT C	nester
Delaware 108	b. COUNTY			10c. CIT	Oce		VIew	ī				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
P.O. Box 574	(D-2	Foxfire	MEadows	)		10	199			_	A.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married  2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puarto Rican, atc.)  1 ☐ YES 2 ☑ NO Specify: Specify:					E — American Indian, k, Whita, atc. Hy: Jhite				
15. DECEOE (Specify only hig Elementary/Secondary (0-12)	hest grade (	ATION completed) College (1-4 or 5	(GA life.	ve kind of	se retired.)	CCUPAT during m	ION ost of worki	ng	16b. KIND OF BUS			ne COmpany

COMPLETED BY FUNERAL DIRECTOR r DE CITY 8 2 K NO NTRY? can Indian, mpany 12th GRade Clerical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Albert A. Emge <u>Nathali</u>e FRaunho1z 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)
P.O. Box 574 Ocean View, Delaware 19970 Paul L. Glantz 20a. METHOD OF DISPOSITION
1 Disposition | 1 Removal from State | 1 Donation | 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE cometery, cremejory or other place) Highview Cemetery 8-2 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 Belair Road John C. Miller, Inc.Baltimore, Maryland-2120 23. PART 1. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. Approximate Interval Between IMMEDIATE CAUSE (Final Onsat and Daath disease or condition resulting in death) ung anco-DUE TO (OR AS CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL:
1 I Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 🗆 Nun te 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 7 29 30. NAME AND E OF DEATH (ITEM 27) (Type, Print) 1 31. DATE FILED (Month, Day, 3 1993 AUG

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BALTIMORE, MARYLAND 21215-002	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the bhysician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hyglene prior cremation, or removal.

IMPORTANT: If them 28 is marked on than 23 shows any linking to a plant that manifest event has marked as marked.

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG NO

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Mid	TKELLY HOLT	∨ (\HOLTON		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) F UN YRS.	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institute  RESIDENCE OF DECED		9h. C	TY, TOWN OR LOCATION OF		9c. COUNTY AWY	10
10a. STATE 10b	COUNTY	10c. CITY, TOW	N OR LOCATION	0		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	II LANE		10f. ZIP CODE 2166	6	10g. CITIZEN	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISP, If yes, specify Cubart, Mexic 1 YES 2 W NO Spec	can, Puerto Rican, etc.)	bs or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
	AT'S EDUCATION lest grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF B	USINESS/INDUST	RY
	0	100	ne		NOV	e
	ICMEL LO	I TOTAL	18. MOTHER'S N	IAME (First, Middle, Maide	n Surname)	1703
19a. INFORMANT'S NAME (Type/F	rice and Fic	100 MAILING ADDR	ESS (Street and Number or Rura	Vy ou	1 12 0	70110
Robert	1. i. al Haral	N INC. WAILING ADDIT	ESS (Street and number of Hura	r Houte Number, City or K	wn, State, Zip Coo	10) .
20a. METHOD OF DISPOSITION	TICKUS DOLTO	b. PLACE AND DATE OF DISF	OSITION (Name of	DATE 20c. I	OCATION — City	or Town State
1 Donation 5 Other (Spe	Removal from State	metery, crematory or other pla Metro Crer	ce)			
21. SIGNATURE OF FUNERAL SE				ACILITY	ltimor	e,MD
18 H	1///		lardesty Fu			
- ay	ses, or complications that cause		2 Ridgely	Ave. Ann	apolis	,MD 21401
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a flore	A CONSEQUENCE OF):  A CONSEQUENCE OF):	tohan Broph-			SGVU 3 WS
PART ii. Other significent c	d.	but not resulting in the	underlying ceuse given in	n Part i. 24a. WAS A PERFO	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS
	W.C.					OF DEATH?
25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 3 NO  27. MANNEROF DEATH	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	check only one)		
1 YES 2 NO	1 Inputient 2 ER/Out	patient 3 DOA 4 D	tursing Home 5 - Residence			
1 Natural 5 Pend	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
- Accident	tigation 28a PLACE OF IN HIS	Y At home from observe	1 VES 2 NO			
3 Suicide 8 Coul. 4 Homicide deter	d not be building, atc. (Spe	Y — At home, farm, street, ( ocify)	встогу, отнов	26f. LOCATION (Stree City or Town, Stat	t and Number or R b)	sural Houte Number,
	NG PHYSICIAN: To the best of my know					use(a) and manner as stated
29 SHOWATURE AND TITLE OF	CERTIFIES /	4 0	29c. LICENSE N	UMBER	29d. DATE \$10	GNED (Month, Day, Year)
Mala . 11	Mo Muna	1 19	10157	256	17/5	3/5
30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	10,100	,-		• /
AUG 03 1993	32, REGISTRAR'S SIGN	NATURE	-			
AUG 03 1993	Julia Davidson-Ran	مراك				



**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	ICATE OF DE		REG. N	J.	3. TIME OF DEATH
Landon			Hicks		HUNOM		TEAR
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday)		NDER 24 HRS. 7.	August		993 8:00p
216-10-6995	1X M 2   F	86 YRS.	MONTHS DAYS HOU	TO MILLE	(Month, Day, Year)		Virginia
9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LO				OF DEATH
Maryland Ger	neral Hospi	tal	B alti	more Ci	ty		
10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY
Maryland		B	altimore				1X YES 2 N
10a. STREET AND NUMBER			10t, ZIP (	ODE		10g. CITIZE	N OF WHAT COUNTRY?
2003 McCulloh	Street 12. WAS DECEDENT EV	ED IN U.S. ADMED	212	217		US	
1 Never Married 2 Married	FORCES? 1 1 1	YES 2 NO		Suban, Mexican, Pr	PRIGIN? (Specify Y Jerto Rican, etc.)	es or No 14	I. RACE — American Indian Black, White, etc.
3 Widowed 4 Divorced	WWII 194		1 🗆 YES 2🏋	NU Specify:			Specify: Negro
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of w	orking	166. KIND OF B	USINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)		Long	shoreman	OTHER'S NAME /	First, Middle, Maide	n Sumame!	
Eddie Hicks				Era Pow		our remain	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nur			wn, State, Zip Co	ode)
Johnsie Hicks		2003	McCullol	St. A	pt 1,	Balto	MD. 2121
20a. METHOD OF DISPOSITION  2℃ Burlal 2 ☐ Cremation 3 ☐ Rem	noval from State	20b. PLACE AND DATE (	OF OISPOSITION (Name of ther place)		DATE 20c. L	OCATION CI	y or Town, Stata
4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LII	CENSEE	Garrison	Forest	8/6	/93 OW	ings	Mills,MD.
A C			Joseph I 2222 W			al Ho	me
Joseph d	Kuss	-					
23. PART I. Enter the diseases, or shock, or heart failure.	complications that can List only one cause of	used the death. Do r on each line.	not enter the mode of	dying, such as	cardiac or res	piratory arres	t, Approximat
iMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS						Onset and
		AS A CONSEQUENCE OF ENAL FAILU					
Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE OF					
cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	F):				
	d						
PART II. Other significant condition	ns contributing to dea	th but not resulting	In the underlying cau	se given in Pari		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINE MAILABLE PRIOR TO
	Anemia				1 TES	222	COMPLETION OF CAL
							1 TYES 2 THE
25. WAS CASE REFERRED TO MEDICAL				P 004			
EXAMINER?	HOSPITAL:	Outpetlant 2 - 004	OTHER:	F DEATH (Check of			
27. MANNER OF DEATH	28s. OATE OF INJU	IRY 26b. TIM			Other (Specify)  5. DESCRIBE HOW	INJURY OCCU	REO
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	mr) INJ	M 1 YES				
3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	URY — At home, farm, (Specify)	street, factory, office	281	LOCATION (Stree City or Town, State		Rural Route Number,
29a. CERTIFIER (Check only	ICIAN: To the bast of my i	nowledge, death occurr	ed at the time, data and p	lace, and due to ti	ne cause(s) and m	enner as stated.	
							eause(s) and manner as stat
296. SIGNATURE AND TITLE OF CERTIFIE	B ava	J-5= ~	. D 29c.	LICENSE NUMBER		29d. DATE \$	IGNEO (Month, Day, Year)
						1 1	,
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)				-

and I specie

April -

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

AUG O

KRAMER -

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	Franklin l	D	Howard	Sr.					Ju	Ty 28,	<b>1</b> 993	YEAR	11:00
	4. SOCIAL SECURITY NO 402-48-686		5. SEX 6	. AGE (In yrs. la:		UNDER 1 1	YEAR DAYS	IF UNDER 24 HR		ATE OF BIRTH	L936	Country	PLACE (State or Fo
OR		via Roa	ad, Apt 10		96			e City			9c. COU	NTY OF DE	
DIRECTOR	RESIDENCE OF D	10b. COUN	ITY		Balt								10d. INSIDE CIT
FUNERAL	100. STREET AND NUMB		ad, Apt 10					ZIP CODE				ZEN OF W	1 YES 2 HAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 3 Wklowed 4 5		12. WAS DECEDENT E FORCES? 1		MED NO	lf y	es, spec	city Cuban, Ma	PANIC OR xican, Pua ecify:	IGIN? (Specify Yerto Rican, etc.)	es or No—	14. RACE Black, WILL	- American Inc White, etc.
PLETED	15. 0 (Specify Elementary/Seconder 6 th	PECEDENT'S ED only highest grad y (0-12)	DUCATION de completed) College (1-4 or 5+)	(G life	CEDENT'S USU ive kind of work Do NOT use re ntenan	done duri ired.)	ing most	t of working		David S			nt.
E COMPL	17. FATHER'S NAME (First	, Middle, Last)	How	ard			T	18. MOTHER'S Ethel		st, Middle, Malder S t	Sumame)	1	
TO B	Mrs. Heler		rd	19	samde	PRESS (S	10	d Number or Ru	ral Route f	lumber, City or Tox	wn, State, Zip	Code)	
	204 METHOD OF DISPOS 1 Burlel 2 Creme 4 Donation 5 Ot	SITION Itlon 3 - Re-	moval from State	20b. PLACE / HOT/15	AND DATE OF DI	sposition Deme	on (Nam	ne of			cation —		unty, M
	21. SIGNATURE OF PONE	RAL SERVICE	CEHNEE	<						al Home		D 21	231
	23. PARTH: Enter the chock of iMMEDIATE CAUSE (disease or condition resulting in death)	Hamit Takure	DUE TO (OF	R AS A CONSEC	Faile DUENCE OF:			e of dying, s	uch as c	ardiec or reep	olratory arm	est,	Approxin interval E Onset an
CERTIFICATION	Sequentially list conditions, leeding to immodule to immodule the cause. Enter UNDERI CAUSE (Disease or in that initieted evente resulting in death) Li	nedlate LYING njury	c. OOL	HOSIS RAS A CONSEC PAL A CONTREC	WENCE OF):								
MEDICAL CE	PART II. Other signific	cant condition	ane contributing to de	eath but not n	eculting in th	e unde	rlying	cause given	in Part i	24a. WAS AN PERFO	RMED?		WERE AUTOPSY F WAILABLE PRIOR COMPLETION OF DEATH?  YES 2
÷	25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:		ОТ	HER:		CE OF DEATH (					
BY PHYSICIAI	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 [ 2 Accident	Pending investigation	1 Inpatient 2 EF  28a. DATE OF INJ (Month, Day, 1)	JURY	28b. TIME OF INJURY	280	. INJUF		1	ther (Specify) DESCRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE OF IN building, atc.	JURY — At hor . (Specify)	ne, farm, atreet	, factory,	office		28f. L	OCATION (Street try or Town, State)	and Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CE	RTIFYING PHYS	SICIAN: To the beat of my	knowledge, dea	ith occurred at	the time,	data ar	nd place, and d	lus to the	Cause(a) and ma	nner as state	d.	
O BE CC	29b. SIGNATURE AND TITE	E OF CERTIFIE		^				29c. LICENSE N	-	50			Aonth, Day, Year

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32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CERTIFICATE OF DEATH

93 22375 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. JULY 28, 1993 3. TIME OF DEATH 11:00 PM July 24, 1936 8. BIRTHPLACE (State or Foreign Country) TTA Pennington Gap 9c. COUNTY OF DEATH 10d. INSIDE CITY
XLIMITS?
1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? NIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. white 16b. KIND OF BUSINESS/INDUSTRY David S. Brown Ent. AME (First, Middle, Malden Surname) Sturgill Route Number, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State DATE Baltimore County, MD neral Home n Ave, Balto, MD 21231 h as cardiec or respiratory arrest, Approximate interval Between **Onaet and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO eck only one) 8 Other (Specify)

DHMH-16 Rev 1/89

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Mary Harman State College & Bell & B. 18 18 18

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIF	ICALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) PATRICIA S HOOD	PATRIC	IA SUE H	00D	2. DATE OF DEATH MONTH D.		3. TIME OF DEATH  1-15 PM M
	212-42-1192 10 M2 DF 4	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BN	RTHPLACE (State or Foreign untry)
NC NB	90. FACILITY NAME (IT not institution, give street and number) HARBOR HOSPITAL CENTER			OR LOCATION OF DI	EATH	9c. COUNTY O	ennsylvania FDEATH Mirke-GayNA
اق	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY				0.100	Dire	
- DIRECTOR	Maryland NA		altimore		klyn)		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1016 Stoll Place		101	21225		2.767	SA
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2 XNO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexics 2XXNO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. R	ACE — American Indian, lack, Whita, atc. pecity: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	I SINESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	se retired.)	IST OF WORKING			
OMP	7th Grade 17. FATHER'S NAME (First, Middle, Last)	Laborer	^	40 MOTHER'S NA	Arunde	<u>l Maili</u>	ngs
BE C	Edward Franks			1	othy	Sumame)	Franks
10 B	19s. INFORMANT'S NAME (Type/Print)			nd Number or Rural	Route Number, City or Tow		
	Mr. Vernon F. Hood				Baltimore	, Maryl	and 21225
	1 K/Weurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	netery, cremetory or of Cestlawn	of disposition (Na ther place) Memoria	_{lme of} 1 Garden	S 8/3 Mar	cation — city of rintsvi	Town, State 11e, Maryland
	21. SIGN TURE OF FUNERAL SERVICE LICENSEE Kevin E	. Ecker	McCu	11y Fune	ral Home o	f Brook	lyn
		EURAL	not enter the mo	de of dying, suc	h es cardiec or respi	retory srrest,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF	ADENOCA	RUNOM	4 - PRIN	PARY UN	IICNOW N
CERTIFICATION	CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	CONSEQUENCE OF	F):				
	PART II. Other significant conditions contributing to death be	ut not resulting	in the underlying	cause given in			4b. WERE AUTOPSY FINDINGS
MEDICAL	CIRROHSIS OF LIVER HEPATIC ENCEPHA	LO PATT	14		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: M			: /				1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	27. MANNER OF OEATH 28s. OATE OF INJURY	28b. TIM8	4 Nursing Home	URY AT	6 Other (Specify) 28d. OESCRIBE HOW II	WIRY OCCURED	•
BY	1 Natural 5 Pending 2 Accident Investigation (Month, Day, Year)		M 1 Y	RK? 'ES 2 NO			
ETED	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY building, etc. (Special Country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the	At home, farm, s	treet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beels of examination	adge, death occurre	nd at the time, date	and place, and due	to the cause(a) and man time, data and place, and	ner as stated,	e(a) and manner as stated.
TO BE	206. SIGNATURE AND TITLE OF CHTIFIER  JOHN Soylo- J. M.D. HOUSE	Staff		29c. LICENSE NUN AS 244	1 -1614-46	29d. DATE SIGN	ED (Month, Day, Year)  /30/93
-	Jahr Soylo- J. M. D. HOUSE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA HARBOR HOSPITH CENTER	ITH (ITEM 27) (Type, R 30C	Print) S. F.	PANOVER	e ST E	BALTIN	ORE, MD
4	AUG 0 3 1993 32. REGISTRAR'S SIGNA	Academ					

and the second

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending phy TO THE FUNEFACTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the but he filed within 72 hours after clearly with the State Dear, of Health and Mental Hyglene prior to burial, crematory.	BALTIMORE, MARYLAND 21215-002 ter death. Page 6 may be retained by the hospital or attending phy the funeral director, page 5 should be detached for use as the burdal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	niner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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The MAILING ADDRESS (Street and Number or Fural Route Number. City or Town, State 2023)  Nancy C. Kessler    Sold E. Clement St. Balto. Md. 21230	Lo	Duis	В.	Walt:	her			Eli.	zabe	eth -			Lowery
SATT II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.    DUE TO (OR AS A CONSEQUENCE OF):	a. INFORMANT'S NAME (TV	rpe/Print)		19	b. MAILING	ADDRESS (Stree	t and Numbe	r or Rural I	Route Num	ber, City or To	wn, State, Z		
BARTHO OF DISPOSITION   20b. FLACE AND DATE OF DISPOSITION (Name of control place)   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or Town, State   20c. Location - City or			er										0
Substance of Control (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)  Some (Short)				20h PLACE						_			
SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Balto.Md. 21230  MCCUITY Funeral Home, 130 E.Fort  APPORT  MCCUITY Funeral Home, 130 E.Fort  Apport  Apport  Indexto, or heart failure. List only one cause on each line.  Indext or condition  Balto.Md. 21230  MCCUITY Funeral Home, 130 E.Fort  Apport  Indext or condition  Balto.Md. 201230  Apport  Indext or condition  Balto.Md. 201230  Apport  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md. 201230  Indext or condition  Balto.Md	🗘 Burial 2 🗆 Cremation	n 3 🗆 Ren	noval from State					7/2	1	_			
MCCUITY Funeral Home, 130 E.Fort  Appropriate CAUSE (Final laeses or complications that caused the deeth of not enter the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the control of the mode of dying, auch as cardiac or respiratory errest, interviously and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont		, //	CENSEE	_   wes	cern	Cemet	ery,	1/3	T/T;				
Appropriate Enter the diseases, or complications that caused the deet all not enter the mode of dying, such as cerdiac or respiratory errest, mask, or heart failure. List only one cause on sech line.  MMEDIATE CAUSE (Final filteres or condition esulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  a. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):  ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1	I. SIGNATURE OF FUNERAL	SERVICE L	l al		~								
MMEDIATE CAUSE (Final lisease or condition eutiting in death)  a.	Show	20	1. Llac	ــــطر	Sh	. McCu	111y	Fun	erai	L Hom	e,13	30 E	.Fort Av
AMALABLE PCOMPLETION    YES 2   NO	f any, leading to immed cause. Enter UNDERLY!! CAUSE (Disesse or injui that initiated events	flete NG ry	b. DUE TO	O (OR AS A CONSE	OUENCE OF	5):							Yyen
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA  4 Hursing Home 5 Rasidence 6 Other (Specify)  7. MANNER OF DEATH  Netural 5 Pending investigation 3 DOA  3 Suicide 4 Homicide Could not be distarmined  2- Accident 4 Homicide Cherrifler (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2- ACCIDENT FIRST (Month, Day, Day, Day, Day, Day, Day, Day, Day	PART II. Other significa	nt conditio	one contributing to	o daeth but not	resulting i	in the underly	ing cause	given in	Part I.	PERF	ORMED?	Y 24	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
1   resterit 2   ER/Outpettent 3   DOA   Nursing Home 5   Residence 8   Other (Specify)  7. MANNER OF DEATH   28a. DATE OF INJURY (Month, Dey, Year)   28b. TIME OF INJURY AT WORK?  8. DATE OF INJURY (Month, Dey, Year)   28b. TIME OF INJURY AT WORK?  9. Accident   Sulcide   Could not be determined   28a. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28b. CERTIFIER (Check only one)   28c. Manual Physician: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  8. Other (Specify)   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d.	S. WAS CASE REFERRED TO	D MEDICAL				26.	PLACE OF I	DEATH (Ch	eck only o	ne)			
7. MANNER OF DEATH    Netural   2   Accident   3   Sulcide   4   Homicide   4   Homicide   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.    28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY OCCURED   28d. DESCRIBE HOW INJURY				FR/Outhodlant	R DOA	QTHER:							
Netural 2 Accident 3 Sulcide 4 Homicide Check only one). 28e. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29e. CERTIFIER (Check only one). 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Day). 2 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 DATE SIGNED (Month, Day). 3 D			1					IESIGENCE	_		/ INJURY O	CCHRED	
3 Suicide 4 Homicide  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and dua to the cause(a) and manner as stated.  29a. DLACE OF INJURY — At home, farm, street, factory, office city or Town, State)  29b. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, 20c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, 20c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, 20c. LICENSE NUMBER	Natural 5 🗆		(Month,			URY	WORK?	□ NO	1			Journey	
99. CERTIFIER (Chock only one).  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.  99. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29d. DATE SIGNED (Month, Day,  27-30-3	3 Suicide e	Could not be	28e. PLACE	OF INJURY At h	ome, farm, s	street, factory, of	fice		281. LO	CATION (Street or Town, Sta	t and Numb	oer or Rura	Route Number,
(Check only 12 CERTIFFING PRYSICIAN: 10 the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and piace, and due to the cause(a) and manner as stated.  2b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Day)	T I HOMILLIAN	water military											
29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day,  D1987/  7-30-3	(Check only												(a) and manner as state
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O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	D. SIGNATURE AND TITLE	OF CENTIFII	En	2	19		29c. LIC	LCC	MBER	1	29d. D/	ATE SIGNE	(Month, Day, Year)
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ix m		2	14	AL.		11	78	61	/		1	W-23
	I. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type,	, Print)		- 6					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTEN

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 29

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OH A	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem met
JAL	PAL 72 h	11 1
5	: FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and within 72 hours after death with the State Dept, of Health and Mental Myglene prior to by	TTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
		24"

93 22378 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Primrose YEAR Minnie: JACKSON 31 July 993 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Form 1 M 2 F · 4 9e. FACILITY NAME (If not institution, give street end or 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin RESIDENCE OF DECEDENT DIRECTOR Baltimore 405 County to. 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY New DY 1 VES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 480 Gve. Micho 15 002 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Guban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried BE COMPLETED BY BIK, 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife 17. FATHER'S NAME (First, Middle, La TAME (First, Middle, Meiden Surneme) 0 19h MAILING ADDRESS (Str 2 ST MO 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, cremptery or other place) new york Donation 5 - Other (Specify) RM! 21. SIGNATURE OF THERAL SERVICE DICEMBE 22. NAME AND ADDRESS OF FACILITY WITHOUT C. BYOWN Community Funeral Home North Ave 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. intervel Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition Ventricular Arrythmia resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Acute Myocardial Ischemia CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART il. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Hypertension 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 X Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: Of the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner es stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪

TWHO COMPLETED CAYSE OF DEATH (LIEM, 27) (Type, Print)

▶ July 31, 1993

1		FOR STATE REGISTRA	F
1	. D	ECEDENT'S N	A

1. DECEDENT'S NAME (First,			77/	TICON				2	DATE OF		AY	YEAR	3. TIM	E OF DEAT
	DWARD	Byron	JAC	CKSON					8	1	1	993	10:	:11 .
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthday	) IF UNDER	DAYS	IF UNDER 24 H	_	Month, D				RTHPLACE untry)	(State or Fo
216-18-9719		12 M 2 F		83 YRS.	MONTHS	UATS	HOORS	4/4		11.	1909			rgin
9e. FACILITY NAME (If not in:	stitution, give :	street and number)			9b. CITY	, TOWN C	OR LOCATION						F DEATH	
4401	BAYON	NNE AVEN	/ENUE BALTIMORE CI						CITY					
4401 RESIDENCE OF DEC	10b. COUNT													
T 100. SIATE					ITY, TOWN C							L	NSIDE CITY	
	Balt	imore		Mi	ddle									YES 2 X
\$							. ZIP CODE				10g. CIT	FIZEN O	F WHAT CO	OUNTRY?
1205 Fourth	Road						21220					S.	A.	
11. MARITAL STATUS	Married	12. WAS DECEDEN	NT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexicon				ORIGIN? (S	Specify Yes	s or No—	14. R	ACE — Ameleck, White	erican India , atc.
3 Widowed 4 Divo		IF YES, GIVE	WAR OR DAT	TES				pecify:				St	pecify:	
	EDENT'S EDU	ICATION		460 DECEDENT	e nenvi o	001104710	201		1 404 10					hite
(Specify only	y highest grade	e completed)		(Give kind o	of work done (	during mo	ast of working		100, KJ	IND OF BU	SINESS/IN	DUSTR	٧	
Elementary/Secondary (0-	1-12)	College (1-4 or 5	+)		(Give kind of work done during most of working life. Do NOT use retired.)									
15. DECI (Specify only Elementary/Secondary (0	Irida Last	2		Mechan	D.C		an Morrison			arti			-	
							18. MOTHER	_						
	Jacks	on		Lon			Dora	E,		nnin	-			
O I ISO, INFORMANT S NAME (1)				19b. MAILI	NG ADDRESS	S (Street e	and Number or I	unel Rou	te Number,	City or Tow	rn, State, Zi	ip Code)	)	
Raymond R.		on		7520	West	Fie	ld Ro	d	Dund	alk.	Mary	vlar	nd 21	222
20- METHOD OF DISPOSITI		noval from State	como	PLACE AND DAT	e other piecel				DATE				Town, Sta	
4 🗆 Donation 6 🗆 Other	(Specify)		- Ga	rdens c	f Fai	th (	Cemeter	v 8	1/3/9	Ba:	ltimo	ore.	Mar	vlan
21. SIGNATURE OF FUNERAL	L SERVICE LI	ICENSEE	/	11	22.	NAME AN	NO ADDRESS	F FACIL	ITY	10//=			-	
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	aart fallure.	complications the	at caused use on se	the death. Do	22/14	107 E	Caster	Av	enne	Re	SAY	Mar rreat,	1	approxima
ahock, or he IMMEDIATE CAUSE (Fin	aart fallure.	List only one car	use on to	cl/ line.	not enter	the mo	<u>Caster</u> da of dying,	Av such a	enue la cardiac	Es: c or reap	Sex.	Mar rreat,	1	Approxima
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YES 2 No  end place, end  teath occurred at  29c. LICENSI	CU ]  (Check time 6 (2)  (a)  (b)  (c)  (c)  (c)  (c)  (c)  (c)  (c	enter (Sed. DESCR	Dise  ta. WAS AN PERFO!  YES:  ON (Street Town, State)  (e) end me dd place, ar	I AUTOPSY RMED? RMED? RMED? RMED? RMED? RMED? 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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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Jackson Curat never to Curat never to Control of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the Sta Line of Palty Section PARTY BAR TO SHE'S AND THE SHE'S and in a wife in the cone Ly and in the latter wastern Avenue haven, inchange

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICATE C	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF			427	3. TIME OF DEATH
1 1	Lillie Mae Jef	frior				MONTH	D		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX				08-0		3		М
			6. AGE (In yrs. last birti	MONTHS DAY		7. DATE OF (Month, D			8. BIRTHE	PLACE (State or Foreign
	577-01-9417	1 M 2 TF	89 v	RS.	a Hoons Min.	01 - 2	4-0	4 h		ington, DC
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH			TY OF DE	
<u>~</u>	Anne ARundel A	Medical	Center	Anna	nolia			2	2.5	
16	RESIDENCE OF DECEDENT	TICUICUI	Center	Allila	polis			Anne	e AR	undel
	10e STATE 10h COUN	TY	10	CITY TOWN OR LO	CATION		-			10d. INSIDE CITY
DIRECTOR	MD Anr	e ARund	el   T	Davidso:	nville					LIMITS7
										1 YES 2 NO
Z	10e. STREET AND NUMBER				10f. ZIP CODE	10g. CIT			ZEN OF WI	HAT COUNTRY?
E	3480 Monitor C	ourt			21035				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC OBIGINS (	Specify Ver	or No.	14 BACE	American Indian
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes	specify Cuban, Mexico	an, Puerto Rica	in, atc.)	01110	Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	10	TES 2X XNO Specific	fy:			Specify	White
	15. DECEDENT'S ED	I CATION								***************************************
1 2	(Specify only highest grad	de completed)	(Give kir	ENT'S USUAL OCCUP.  Ind of work done during  FOT use retired.)	ATION most of working	16b. KI	ND OF BU	SINESS/INDI	USTRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5	-)							
8	8th		Tele	ohone Or	perator	Re	d Cr	OSS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			-		
	John Mars Jeff	ries			Mary	Donal	2			
BE	19a. INFORMANT'S NAME (Type/Print)		10b MA	II INC ADDRESS (S-	et and Number or Rural					
2	John F. Hocket	_								
			348	30 Monit	or Cour	t, Da	vids	onvi	lle	MD 21035
	20g, METHOD OF DISPOSITION  1 D Burlet 2 Cremation 3 Re	mount from State	20b. PLACE AND D	ATE OF DISPOSITION	(Name of	DATE		CATION — C		
	4 Donation 5 Other (Specify)	movan nom stata	cemetery, cremetor	y or other place) Hill Ce			Sui	tlar	. 7	MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	LEUAI	22 NAME	AND ADDRESS DE EA	CILITY				
	1	a M	10	Наг	desty Fi	unera	l Ho	me,	P.A	•
	MOMRY	A HOU	2010	12	Ridgely	Ave.	Ann	apol	is.	MD 21401
	23. PART I. Enter the diseases, or	complications the	t caused the death.	Op not enter the	mode of dving, auc	h as cardiac	or reani	ratory arre	ent	Approximate
	anock, or neart failure	List only one cau	ise on each ilne.				от тоор.	· undir y and	,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	Λ		( )						Onset and Death
	resulting in death)	a W	man-	tw	mr					/W/S
		bus to	PR AS A CONSEQUEN	CE OF):	500					
Z	0	· IV	mm	· IA						W
12	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUEN	CE OF):						
8	cause. Enter UNDERLYING									
正	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUEN	CE OF):						1
토	resulting in death) LAST									
CERTIFICATION		d								
	PART II. Other aignificant condition	ns contributing to	death but not reaul	ting in the underly	Ing cause given in	Part I. 24	a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
DICAL							PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
0	115	1 1/11	1/1/1			1	YES 2	NO		OF DEATH?
M	7)	1101	1117							1 TYES 2 NO
		•							1	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		7,5	26	PLACE OF DEATH (Ch	eck only one)		-		
18	EXAMINER?	HOSPITAL:	JAAN -	OTHER:	MA	den drilly driey				
ا ځ ا		1 Inpatient 2 in	-		701	8 Other (S	pec/fy)			
E	27. MANNER OF DEATH	28a. DATE OF (Month, D		TIME OF 28c.	INJURY AT WORK?	28d. DESCR	BE HOW I	JURY OCC	URED	
à	1 Natural 5 Pending 2 Accident Investigation		12.12.2	M 1	YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At home, fr	erm, street, factory, o	ffice	281. LOCATIO	ON (Street a	nd Number o	or Rural Ro	ute Number,
日日	4 Homicide determined	building,	etc. (Specify)			City or 7	own, State)			
<u> </u>	29a. CERTIFIER									
<u>₽</u>	(Check only		my knowledge, death o							
COMPL	2 MEDICAL EXAMIN	ER: On the besia of ex	camination and/or invest	igation, in my opinior	, death occured at the	time, date and	f place, an	d due to the	cause(a)	end manner as stated.
O H	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI					Month, Day, Year)
8	11, M/1	( solar.	MA		カクル	88		AND DATE	SIGNED (	CO
2	TO MANE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART	01.47	-110.		1 1311	00			13/	17
	36. NAME AND ADDRESS OF PERSON W	HO COMPLETE# QAUS	SE OF DEATH (ITEM 27)	(Type, Print)		^				
	100			1 1 1 1 1		/ 1			1	71440
	nich		LGDY	600 Ril	Mely av	1. A	NAL	Oak	My	21707
	31. DATE FILED (Month, Day, Year) AUG 0.3. 1000	and co		600 Ril	yely av	1. A	0/0	poli	My	21907



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal.	to more warmers are the marked or liam 23 shows any injury or other traumatic event, the medical examinar must be notified at once
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dent. of Health an	IMPORTANT If Hom 28 is marked or Hem 23 shows any

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OIME OF I	C	ERTIF	ICATE (	OF DEATH	IVILIVIA	REG. NO.	•		
1. DECEDENT'S NAME (First	Middle, Last)						2. DATE	OF DEATN	ľ	YEAR	3. TIME OF DEATN
MARION JAC	KSON J	OHNSON					8	- 1	- 1	93	12:30 A ^M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS	7. DATE	OF BIRTN th, Day, Year)		6. BIRTH	NPLACE (State or Foreign
705-14-956	9	1 M 2 F	65	YRS.	MONTHS D	ATS HOURS MIN.		-6-27			sh. D.C.
9a. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY, TO	OWN OR LOCATION OF	DEATN		9c. CO	UNTY OF D	
9702 Longv	iew Dr	ive			E11:	icott City	7		Н	oward	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
MD	How	ard		E	Ellicot	tt City					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER						101. ZIP CODE			10g. Cl	TIZEN OF V	WHAT COUNTRY?
9702 Longv	iew Dr					21042			Ţ	JSA	
11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE			If yo	S DECENDENT OF NISI IS, apocify Cuban, Mex ] YES 2 [전 NO Spe	ican, Puerto		or No-	14. RACI Blac Spec Whi	
	EDENT'S EDU				USUAL OCCU	IPATION ng most of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (		College (1-4 or 5		life. Do NOT u	se retired.)	ing most or working					
		4	F	Iomema	ker						
17. FATHER'S NAME (First, N	liddle, Last)					16. MOTNER'S	NAME (First,	Middle, Maiden	Surname)		
Morgan Gre	ning					Margai	et G	riffin			
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (S	treet and Number or Rui			n, State, Z	Ip Code)	
Mr. Carey		nson		9702	Longvi	iew Dr. El	lico	tt City	MD	2104	2
20e. METHOD OF DISPOSIT		oval from Stata	20b. PLAC other	plece)	SITION (Name	of cemetery, crematory of	00	20c. LO	CATION -	- City or To	own, State
4 Donation 6 Other			- St.	John!	s Ceme	etery 8-4	-93	E11	ico	tt Ci	ty MD
21. SIGNATURE OF FUNERA						ME AND ADDRESS OF			TT	т	
> Hany	. A. Z	type				rry H Witz					v_MD_21043
23. PART i. Enter the depote of the shock, or has shock, or has shock and shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of	eart failure.	List only one ce	use on each ii	ne.	PANC	NEAR C				rreet,	Approximate Interval Between Onset and Deeth
Sequentielly list condit if any, leading to imme		DUE TO	(OR AS A CONS	SEOUENCE O	PF):						
cause. Enter UNDERLY CAUSE (Disease or inju	ING	c									
that initiated events		DUE TO	(OR AS A CONS	SEOUENCE O	F):						
resulting in deeth) LAS		d									
PART ii. Other aignifica	nt condition	s contributing to	deeth but no	t resulting	in the unde	riving ceuse given	in Part i.	24a. WAS AN	AUTOPS	7 241	b. WERE AUTOPSY FINDINGS
								PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					28. PLACE OF DEATH	Chack only	nnel			
EXAMINER?		HOSPITAL:	EB/Outputlant	2 🗆 004	OTHER:	./					
27. MANNER OF DEATH		26a. DATE O		28b. Til		g Nome 6 5-Residen		er (Specify) ESCRIBE NOW I	N HIEV O	CCUBED	
1 Natural 5	Pending Investigation		Day, Year)	IN	JURY	WORK?	200. 01	EŞCHIBE NOW I	NJOH! O	COMED	
2 Accident 3 Suicide 6 4 Nomicide	Could not be	28e. PLACE building	OF INJURY — At, etc. (Specify)	home, farm,	street, factory	, office	261. LO	CATION (Street of yor Town, State)	and Numb	er or Rural	Route Number,
CONSCINUTE /						e, data and place, and o					(a) and menner as stated.
206 HIGHATURE AND PITE	OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. D/	1/7	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAN	JSE OF OEATH (I	TEM 27) (Type	e, Print)	1) / 4	7		1	4-1	17
Ducier,	stac	11	055	Little	Osfe	ut Park	uz	Colum	bors	, m	<i>n</i>
31. DATE FILED (Month), Day,	1993	32. REGISTR	AR'S SIGNATURE	July.						7	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rowns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-training prime. Profess the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7/27/1993 YEAR January Louise M. 7. DATE OF BIRTH (Month, Day, Year) 11/13/1911 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5 SEX 8. BIRTHPLACE (State or Foreign DAYS 215-05-1872 1 M 2 F Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1422 Woodall St. Balto.City, Md. RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Balto.City, Md. Maryland 1X YES 2 NO 10a, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1422 Woodall St. 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3. Widowed 4 Divorced Specify: White BY ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker COMPL 7th.Grade 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FORT Canby FALLIN William Mary ETTA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine Marchall 1422 Woodall St.Balto.Md. 21230 9 20e. METHOD OF DISPOSITION
1 文質rial 2 □ Commation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must competer, crematory or other place) Mem.Park,7/31/93 Glen Burnie,Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home. 130 E. Fort Ave medical 23. PART I. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final he disease or condition resulting in death) ENCEPHMORASH week RENA FALUNE event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO JOB AS A CONSEQUENCE OF that initiated events resulting in death) LAST any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Hoper terrior 1 YES 2 NO Mellitys 23 shows Diale 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 8 Could not be determined COMPLETED 4 Homicide 28 29e. CERTIFIER

(Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5. MO -D3658 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MERCI LOUTHERN HERA (EUTEN

1400

5.

ENSI

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

3 1993

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REGISTRAR			C	ERTIFI	CATE	OF	DEAT	H	F	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)					733			2. DATE OF				3. TIME OF DEATH
Edna	М	ae		Kirb	7.7				MONTH	0		YEAR	1425
4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		9		PLACE (State or Foreign
	1	□ M 2 🏲 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Country	
. FACILITY NAME (If not in	stitution, give stree	et and number)			9b. CITY,	TOWN DR	LOCATIO	N OF DEA	тн		9c. COU	INTY OF DI	EATH
1 N. Bro	adway-	Apartm	ent_21	- T.	Ba	ltim	ore					N	A
ESIDENCE OF DEC	10b. COUNTY	T.				R LOCATIO							
7.17	100. COOIVI												10d. INSIDE CITY LIMITS?
laryland		na		В	alt:	imor						$\overline{}$	1 YES 2 NO
						10f. 2	IP CODE				10g. CIT	IZEN DF W	HAT COUNTRY?
201 N. E													
. MARITAL STATUS  Never Married 2			T EVER IN U.S. AI						C ORIGIN? (S , Puarto Rica		or No-		- American Indian, White, etc.
Widowed 4 Divo		IF YES, GIVE W	MAR OR DATES			T YES 2				.,,		Specif	
15 DEC	EDENT'S EDUCAT	PIONI	Las n										White
(Specify onl	highest grade co		(0	ECEDENT'S I Sive kind of w	rork done o	during most	of working	7	16b. KII	ID OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	. DO NOT US	e rearea.)								
												_	
FATHER'S NAME (First, M	iddle, Last)						18. MOTH	ER'S NAM	E (First, Midd	le, Maiden	Surname)		
a. INFORMANT'S NAME (	ype/Print)		19	b. MAILING	ADDRESS	(Street and	Number (	or Rural Ro	oute Number,	City or Town	n, State, Zij	p Code)	
ocme													
METHOD OF DISPOSIT     Burial 2 Crematic		ni from State		ANDDATEO		ITION (Nem	e of		DATE	20c. LO	CATION —	City or To	wn, State
☐ Donation 5 ☐ Other	(Specify) in	state	remova	1	ner place)				1				
. SIGNATURE OF FUNERA	L SERVICE LICEN	Rona	1d Wad	e,Di	r 22.1	NAME AND	ADDRES	S OF FACI	urySta	teA	nato	my I	Board
1	10		11	7									D21201
Scell-	4.10	ma	and										
3. PART I. Enter the d	seesea, or cor eart failure. Lis	mplicetions that	it ceused the di	eeth. Do n	ot enter	the mod	of dyir	ng, such	aa cardied	or reapi	ratory er	reat,	Approximeta interval Between
MMEDIATE CAUSE (Fir		Λ.				1				-			Onset and De
liseese or condition	<b>+</b> .	1th sta	18	- A	71 1	così	MI	Sac	cal	MIT	2-50	2000	3
solding in death)		DUE TO	(OR AS A CONSE	QUENCE OF	):	900		4000	000		7 400		1
equentielly list condit any, leading to imme		DUE TO	(OR AS A CONSE	DUENCE OF	7:								
auaa. Enter UNDERLY	NG												
AUSE (Disease or Inju- hat initiated events	מי	DUE TO	(DR AS A CONSE	DUENCE OF	7:								
suiting in death) LAS	Т												
	a												
ART II. Other eignifice	nt conditions	contributing to	death but not	resulting is	n the un	derlying	ceuse g	iven in P	art i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDIN
- Stab	CHES	ne	lipus						1	TENTON			COMPLETION OF CAUS
Edo	~ (	on C	6								X		1 YES 2 NO
									_				1   123 2   NO
. WAS CASE REFERRED T	O MEDICAL					26 DI A	CE OF DE	ATH (Char	ck only one)				
EXAMINER?	F	IOSPITAL:	4.30		OTHER	<b>a</b> :	727		7 - 7				-
MANNER OF DEATH		28s. OATE DF	ER/Outpatient :		_	-			Other (S				
	Pending	(Month, D		28b. TIME	URY	28c. INJU	<b>C?</b>	-	28d. OEŞCR	BE HOW I	NJURY OC	CURED	
	investigation				М		S 2 [	ND					
	Could not be	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, fact	ory, office			281. LOCATIE City or T	N (Street a	and Numbe	r or Rural A	oute Number,
4 Homicide	determined												
a. CERTIFIER 1 CERT	IFYING PHYSICIA	N: To the best of	my knowledge, d	eath occurre	d at the ti	lme, date a	nd placa.	and due to	o the cause(	a) and mer	iner as sta	ned.	
													and menner as stated
2 A MED										, , , , ,			
	OF CERTIFICA	Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of th											to a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract
	OS.CENTIFIED	D -					29c. LICE	NSE NUME	BER		29d. DAT	TE SIGNED	(Month, Day, Year)
SIGNATURE AND TITLE		De		,		W.	440	MSE NUME	E.		29d. DAT	7 1 (	(Month, Day, Year)
SIGNATURE AND TITLE		COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type,	Print)	4	440		E.		29d. DAT	7 1 (	
SIGNATURE AND TITLE	PERSON WHO	COMPLETEO CAUS					0.0	С.М.	E.		<b>&gt;</b> 0	7 10	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	At The law requires that the death certificate be executed within 24 from after death. Page 6 may be retained by the hospital or attending physician.	Internate that been signed by the attentional physician and completely filled in by the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State their and Mercal Hoteless does to be found comparison, or removed	medical araminer must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	LARETAL DRECTOR After this certificate has been signed by the attending physician and completely filled in by the latter 72 beans after death with the State Detr. of Health and Memai Hostels prior to be latter contaction, or removal	ANT: If item 28 is marked, or item 23 shows any Inlant, or other traumatic event, the medical anaminar must be notified at once

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle, Last		T7	200					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEAT
	Katherine 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	/	IF UNDER	1 VEAR	IF UNDER 24	LINC	July 31,	T333		LACE (State or F
	215-09-5345	1 🗆 M 2 🗆 F	78		MONTHS	DAYS	HOURS	MIN.	Nov. 9,		BALT	IMORE
ECTOR	90. FACILITY NAME (If not institution, give  STELLA MARIS H  RESIDENCE OF DECEDENT			-0"	0.5	DWSC	OR LOCATION	OF DE	ATH		LTIMO	
DIREC	10e. STATE 10b. COUN	BALTIMORI			, TOWN O			- 1				10d. INSIDE CIT LIMITS?
A	10e. STREET AND NUMBER		2	COCKEYSVILLE  101. ZIP CODE					10g. CITIZEN O			AT COUNTRY?
FUNER	10 H. Beehi					21030					USA	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1   IF YES, GIVE WI	YES 2 X	40	H	yes, sp	ecify Cuban,	HISPAN Mexices Specify	IC DRIGIN? (Specify ) n, Puerto Ricen, etc.)	les or No-	14. RACE - Black, Specify. WHI	– American Ind White, etc.
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad	ide completed)	(Gi	CEDENT'S I	rork done d		ON st of working		16b. KIND OF 8	USINESS/IND	USTRY	
MPL!	Elementary/Secondary (0-12)	College (1-4 or 5+)	,	_	reta	гу			Aut	omobi	1e	
CO	17. FATHER'S NAME (First, Middle, Last)					18, MOTHE	R'S NAI	ME (First, Middle, Maide	n Sumeme)			
E 111	Martin Hen							olyn Rutl				
TO BE	19e. INFORMANT'S NAME (Type/Print)		191						loute Number, City or R			
2 1	Margaret E. Bayn	e		8 ]	Beeh:	ive	P1ace	, C	ockeysvi]	1e, M	D 210	030
	20e. METHOD OF DISPOSITION  1 Description   2 Cremetion   3 Re 4 Donation   5 Other (Specify)	1/1 53/2: _	20b. PLACE A cemetery, crea West	matory or oth	r DISPOSI her place) erty	Cen	me of netery		DATE 20c. L	OCATION —	e Ha]	
examiner	21. SIGNATURE OF EUNERAL SERVICE I	1/1/	00 1	n	L	AME AN	IO ADDRESS	che	11-Wiedef	-90.000	46	
TIFICATION	Sequentially list conditions, if any, leading to immediate	. Colo  DUE TO A  DUE TO A		C DUENCE OF	hil	/e	rD	, s	e43 E			
TIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (										
CER OF	CAUSE (Disease or Injury	4	leath but not n	esulting in	n the unc	Serlying	g cause giv	en in l	PERF	N AUTOPSY ORMEDY	, A	VERE AUTOPSY FI WAILABLE PRIOR COMPLETION OF C
MEDICAL CER	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are significant conditions.	4	Seath but not n	esulting in	n the und		100011110000		1 ( Yes	PRMEDY	0	WAILABLE PRIOR COMPLETION OF C OF DEATH?
TYSICIAN: MEDICAL CER	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2  HO	one contributing to d	ER/OutpyBlent 3	□ ogh	OTHER	35. PL	ACE OF DEA	TH (Che	t ( Yes	Hasp	ice	WAILABLE PRIOR COMPLETION OF C OF DEATH?
Marked, of fleft 23 shows any injury, of BY PHYSICIAN: MEDICAL CER	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  28. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2 HO  27. MANNER OF DEATH  1 Matural 5  Panding Investigation	HOSPITAL: 1   Inpution 2   26s. DATE OF I	ER/Outpublent 3 NJURY (* Year)	DOM SHEET	OTHER 4 I Numi	35. PL ing Hom 28c. W.J WO	ACE OF DEA	TH (Che	CK ONLY DING)  Sether (Specify)  284. DESCRIBE HOW	Hasp	ic E	NAILABLE PRIOR COMPLETION OF CH P CHATTY
ED BY PHYSICIAN: MEDICAL CER	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2 HO  27. MANNER OF DEATH  1  Natural 5  Panding Investigation  3  Suicide 6  Could not be determined	HOSPITAL: 1   Inpution 2   26e. DATE OF building, s	ER/Outpublent 3 NJURY N, Year) N, Year) N, Year) N, Year)	DOA 366. TIME INJU	OTHER 4 - Numi c OF MY M	25. PL ing Hom 28c. W.A WO 1 [ ] Y	ACE OF DEA	TH (Che	PERFO 1 ( YES 1 ( YES CK ONLY DINE) 284. DESCRIBE HOW 284. DESCRIBE HOW City or There, State	Hasp INJUNY occ	DICE	NALABLE PRIOR COMPLETION OF C
IT ITEM 28 IS MEMBED, OF ITEM 23 SHOWS 3HY INJUNY, OF ITEM 29 PHYSICIAN: MEDICAL CER	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  28. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5  Panding Investigation 3  Suicide 8  Could not be defermined  29s. CERTIFIER (Cooch only 1 MEDICAL EXAMINERY)  21  MEDICAL EXAMINERY  22  MEDICAL EXAMIN	HOSPITAL: 1 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Inputient 2 Input	ENOutputient 3 NJURY (Nar) OKJURY — Alfondry) my knowledge, 454	DOM JAB. TIME SHAJU	OTHER 4   Number of Printy M	35. PL. Ing Hom WO 1 [] Y office	ACE OF DEA	TH (Che	PERFO 1   YES 200 April 1   YES Describe How 28d. Describe How City or Town. Sons to the cause(s) and in	Hasp INJURY occ	TURED OF NUMB ROOM	MARABLE PRIORICONOMPLETION OF C OF DEATHY
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending environment.	hours after death. Page 6 may be retained by the hospital or attenting process
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral period of the filled within 72 hours after death with the State Deut of Health and Mental Hyriene prior to burial cremation or removal	ed in by the funeral director, page 5 should be detached for use as the burner or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	Frank Jose	nh	KWIATOW:	SKI	August 2	1993	5:00 Am		
	4. SOCIAL SECURITY NUMBER 5. S			WEAR IT IMPER ALLIES	T DATE OF BIOTH	0.000	5:00 A M		
	216 03 1526 Sa. FACILITY NAME (If not institution, give street a	x ^{M 2} □ F 86	YRS.	DAYS HOURS MIN.	Jan. 27.	L907 Ma	aryland		
8	Franklin Square H			OWN OR LOCATION OF DE	ATH	Balti			
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY, TOWN OR						
DIRECTOR	Md. Ba	ltimore	Middle				10d. INSIDE CITY LIMITS? 1 YES 2 TORO		
FUNERAL	78 S. Hawthorn	Road		10f. ZIP CODE 21220		WHAT COUNTRY?			
ВУ	1 Never Married SCX Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES XI IF YES, GIVE WAR OR DATES	NO II	S DECENDENT OF HISPAN res, specify Cuben, Mexican YES 2 DO Specify.	, Puerto Rican, etc.)	Blac	E — American Indian, ck, White, stc.		
딢	15. DECEDENT'S EDUCATIO (Specify only highest grade comp.		DECEDENT'S USUAL OCC	UPATION	16b. KIND OF BUS				
COMPLETED	Elementary/Secondary (0-12) Col	llege (1-4 or 5 +)	(Give kind of work done du. life. Do NOT use retired.) Machinist		Arec	Space			
BE CON	17. FATHER'S NAME (First, Middle, Last)  Martin Kwiatko	wski			NE (First, Middle, Maiden nica Mate				
TO B	190. INFORMANT'S NAME (Type/Print) Hope Sibert Date	ughter	19b. MAILING ADDRESS (	Street and Number or Rural R	Oute Number, City or Town	n, State, Zip Code)	st, Md. 21404		
	20s. METHOD OF DISPOSITION	20b. PLAC	CEAND DATE OF DISPOSITI	ON (Name of	DATE 20c. LOC	CATION — Cify or T	own, State		
	4 Donation 5 Other (Specify)	1 area		ME AND ADDRESS OF FAC	8/5/9Balt	THOLE, 1	MOL.		
	Declare 1/3	not L		ME AND ADDRESS OF FAC UZdzinski F			3 22 22		
1	A. PART i. Enter the diseases, or comp	cations that caused the	death. Do not enter th	ath. Do not enter the mode of dying, such as cardiec or respiratory arrest,					
1	IMMEDIATE CAUSE (Final	one cause on each i	ine.				interval Between Onset and Death		
	disease or condition resulting in deeth)	(ard	copulm	many a	rest				
		DUE TO (OR AS A CON	SEQUENCE OF):	Colon co	1.0.0				
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON		Crave Ca	mer				
1FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):						
MEDICAL CERTIFICATION	resulting in death) LAST								
AL.	PART II. Other significant conditions cor			eriying cause given in F	Part i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDIC	- Jan	is insuff	weny -		1 YES 2	□ NO	OF DEATH?		
					-		1 TES 2 NO		
PHYSICIAN		SPITAL: Inpatient 2 PER/Outpatient	OTHER:	26. PLACE OF DEATH (Che					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 2	Bc. INJURY AT WORK?	3 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OFUNJURY — At building, stc. (Specify)		1 YES 2 NO	281. LOCATION (Street a	nd Number or Rural	Route Number,		
ETE	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,			City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	To the best of my knowledge, the bests of examination and/					a) end manner ea stated.		
ш	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			D (Month, Day, Year)		
TO B	Ronald atta	rasio		D-280	797	▶ 8/2	193		
	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	01.	1/0 01	lund	. (2/11		
11	1612 010	N. Mint	CONA. LA	1 1 1 1 100 100 0	refund 21014				
	16/2 OLO 31. DATE FILED (Morith, Day, Year)	N. FOUNT	road, Bi	2/6/4					
	16/3 OLO 31. DATE FILED (Moriti, Day, Year) AUG 3 1993	N. Hourt  32. REGISTRAN'S SIGNATURE  Davids	M-Rinder	eltimoil	, Mary	coun	3/6/14		

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OINIE OI	CE	RTIF	ICATE O			REG. NO				
	1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DEATH			3. TIME OF DEA	TH
	ELIZABETH	KELLUM						July 30,	1993	YEAR	4:10	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIFTH		8. BIRTH	IPLACE (State or F	1
	214-30-5587	1 □ M 2 🂢 F	88	YRS.	MONTHS DAYS	HOURS	MIN,	March 25	190	Countr	y)	
	98. FACILITY NAME (If not institution, give street and number)  98. CITY, TOWN OR LOCATION OF DEATH  Meridian Multi-Medical  TOWSON  Baltimore  100. COUNTY FOR Baltimore  100. STATE  100. COUNTY  Baltimore  100. CITY, TOWN OR LOCATION  Baltimore  100. CITY, TOWN OR LOCATION  Baltimore  100. CITY, TOWN OR LOCATION  Baltimore  100. CITY, TOWN OR LOCATION  Baltimore  100. CITY, TOWN OR LOCATION  Baltimore  101. ZIP CODE  21. 236  U. S. A.  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. MARTIAL STATUS  11. M											
DIRECTOR	Meridian Multi	-Medical	PART									=
E C				10c. CI	TY, TOWN OR LO	ATION					10d. INSIDE CIT	γ
H	Marvland Ba	ltimore		Ba	ltimore						LIMITS?	
	10e. STREET AND NUMBER	- 0202.0		204.		10f. ZIP COD	E		10a. CITI	ZEN OF V		, NO
FUNERAL	4100 Glen Park	Rd.				27.23	36					
<u>z</u>	11. MARITAL STATUS				13. WAS D			NIC ORIGIN? (Specify Ye		14. RACE	- American Ind	len.
B≺	1 Never Merried 2 Married 3 Widowed 4 Divorced			0	If yes,	specify Cubs	n, Mexica	in, Puerto Rican, atc.)		Black	k, White, etc.	,
COMPLETED			18e. DEC	EDENT'S	USUAL OCCUPA	TION		16b, KIND OF BU	ISINESS/IND	USTRY		
E		1	+) (Gin	Do NOT u	work done during se retired.)	most of worldi	ng					
릴	8 years			reta	ary			0verhea	d Doo	r Cc		
S	17. FATHER'S NAME (First, Middle, Las	st)				18. MOT	HER'S NA					
BE C	Joseph Hogarth					Ra	che.	1				
B	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	t and Number	or Rural	Route Number, City or Tox	vn, State, Zip	Code)		
2	Hilda Holton	(daughter	(2) 4	100	Glen Pa	ark Ro	1. Ba	altimore.	MD 21	236		
	20e. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOSITION	Name of					wn, State	
	4 Donation 5 Other (Specify)		Green	matory or o	other place)	torv	1	Aug. 2 Ba	ltimo	re.	Marvlar	hd
	21. SIGNATURE OF FUNERAL SERVI	CE LICHNSEE			22. NAME	AND ADDRE	SS OF FA	CILITY			mary ran	Id
	June 10	seph Bozek								-		
	23. PART I. Enter the diseases							ad, Baltim			21212 Approxim	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	bDUE TO	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	UENCE C	P):	AL	A	ceives	ot C	<b>B</b> )	Onset an	d Death
Ē	that initiated events resulting in death) LAST	OUL IC	ON AS A CONSEC	OENCE C	r).							
ij		d				-						
PHYSICIAN: MEDICAL	PART II. Other significant con-	ditiona contributing to	o death but not re	eulting	in the undarly	ing cause	given in		RMED?	24b.	WERE AUTOPSY I AVAILABLE PRIOF COMPLETION DF OF DEATH?  1 YES 2	CAUSE
N N	25. WAS CASE REFERRED TO MEDIC	AL		-	26.	PLACE OF D	EATH (Ch	eck only one)				
22	EXAMINER?	HOSPITAL:	☐ ER/Oulpatient 3	□ DO4	QTHER:							
Ĭ	27. MANNER OF DEATH	28e. DATE O		28b. TIR		NJURY AT	eldenca	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	TIRED	_	
	1 Natural 5 Pending		Day, Year)		JURY	WORK?	7 NO			OHLL		
BY	2 Accident Investigat 3 Suicide & Could be	28e, PLACE	OF INJURY — AI hor	ne, ferm,				281. LOCATION (Street	and Number	or Rumi f	Poute Number	
刨	4 Homicide 6 Could no	or pe building	, atc. (Specify)					City or Yown, Statu	)		Tours Harrison,	
COMPLETED		PHYSICIAN: To the best of									) end menner es	stated.
	295 SIGNATURE AND TITLE OF COS	Defice	1/	5	-	29c. L/C	ENSE NUI	WINER	29d. DATI	SIGNED	(Month, Day, Year,	)
BE	ceralla	1000	4/	1	W	77-	23	967	D 7	1/3	1197	-
일	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	ISE OF DEATH (ITEM	27) (Typ	e, Print)				1			
	Caesar Gamboa	M.D. 3440	Belair :	Rd.	Baltimo	re. M	D212	213				
1	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE			,						
0	AUG 0 3 1993	3 gulia Deu	idson Rande	the								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-time be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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and the second

יין את מידין ומווסס זת סד	TO BE COMPLETED BY BUYCLOJANI, MEDICAL OFFICIONATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached for use as the burneral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funerable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospital or attending pryrid	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending terminal

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
t)		2. DATE O	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)  DR LEONARD I	O. KRINS	KY			2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 289–16–9037	1 <b>X</b> M 2 □ F 73	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 12/3/1919	8. BIRTH Count	PLACE (State or Areign  )  JERSEY
TOR	99. FACILITY NAME (If not institution, give some state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of						9c. COUNTY OF D	EATH
DIRECTOR	MARYLAND			Y, TOWN OR LOCATE	ION		10d. INSIDE CITY LIMITS? 1 7 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7121 PARK HEIGHTS	S AVE., APT.	807	101.	ZIP CODE 21215		WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED		cify Cuban, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No — 14. RACI Black Spec WH ]	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Completed)  College (1-4 or 5+)  5+	16a. DECEDENT'S (Give kind of white. Do NOT us.  VETERIN		N It of working	166. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last)  MORRIS KRII	NSKY			18. MOTHER'S NA EVA	ME (First, Middle, Maiden	Sumame) PASTEUR	
10	190. INFORMANT'S NAME (Type/Print) MR. MICHAEL KRINS			SYBIL RI		Route Number, City or Town	n, State, Zip Code)  MD 2113	33
	20e. METHOD OF DISPOSITION   Burial 2   Cremetter   Rem   4   Donation   5   Otto (Report)   21. SIGNATURE OF DISPOSITION			OF DISPOSITION (New MEMORIAI	PARK 7	/30/93 RAI	CATION — City or To	
	mall	Jenes	<u>.</u>	SOL LI	RETSTERT	& BROS., II	IM . OT.TA	21215
	PART I. Enter the diseases shock or heart fullure.  IMMEDIATE CAUSE (Fine) disease or condition	List Dnly one ceuse on a	ech line.	not enter the mod	te of dying, suc	h es cerdiec or reepi	ratory arrest,	Approximata Interval Between Onset and Death
z	resulting in death)	DUE TO (OR AS	CONSEQUENCE O	Toni		dyrs		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Congastiva Heart Failure.  Due to (or as a consequence of):  Congastiva Heart Failure.  Due to (or as a consequence of):  Oue to (or as a consequence of):  Cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury							nje)s
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F):				
EDICAL	PART II. Other significant condition	ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
Σ		R FAILURE DEDI						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 inputient 2 in ER/Out	petient 3 DOA	OTHER:	5 Residence	6 Other (Specify)		
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)		M 1 .Y	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET		CIAN: To the best of my know R: On the basis of examination						) end manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	1.			29c. LICENSE NUI AT-243	8946-F4	DATE SIGNED	(Month, Day, Year) 28, 1993
	30. NAME AND ADDRESS OF PERSON WHO	MANG -	1498		ILLES	CR. Tow	WV.	
12	31. DATE FILED (Month. Dow Year) AUG 0 3 1993	32. REGISTRAR'S SIGN	APPARE					

and and and

be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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**DIVISION OF VITAL** 

	REGISTRAR	CERTIFIC	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARIE L	ENORE KNI	GHT		2. DATE OF C			3. TIME OF DEATH		
	MARIE CENORE KNI	GHT !			07-2	25-93	YEAR	11:35 •		
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	HRTH	8. BIRT	HPLACE (State or Foreign		
	218-18-8819 ¹□м² <del>x</del> x	73 YRS.	KONTHS DAYS	HOURS MIN.		0-192	O M	aryland		
								DEATH		
P.	Carroll County General Hosp. Westminster Carroll Co									
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		TOWN OR LOCA				Juli			
DIRECTOR								10d. INSIDE CITY LIMITS?		
	Maryland Howard County	oodbine					1 TES 2 NO			
FUNERAL		2 21	10f. ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?		
N.	17366 Frederick Road;		21797 USA  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RA							
E	1 Never Married 2 Married FORCES? 1 1	YES 2 NO	II yes, sp	ecify Cuben, Mexic	en, Puerto Ricen	pecify Yes or No- i, atc.)	- 14. RAC Blac	E — American Indian, ck, White, etc.		
В	3 Wildowed 4 Divorced	ON DATES	1 U YES	2 NO Speci	y:		Spec	white		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b. KINI	D OF BUSINESS	/INDUSTRY	WILLOC		
<u>=</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use i	rk done during mo retired.)	ost or working						
<u> </u>	unknown	Homema	aker			Own H	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle					
H	William Hickock Cu	unningham		Anna	Marie	Volk	er			
2	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street	and Number or Rural	Route Number, C.	ity or Town, State	, Zip Code)			
-	Mr. George E. Knight, Si	. Box 3	31, Wo	odbine	, Mary	land	2179	7		
	20e. METHOD OF DISPOSITION  1	20b. PLACE AND DATE OF	DISPOSITION (NO	ame of	OATE	20c. LOCATION				
	4 Donation 5 Other (Specify)	Good She	pherd	Cem.	7-29-9	3 E11	icott	t City, MC		
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	/		ND ADDRESS OF FA	CILITY					
	* phundeller flech	100535		ck Fund				21042		
	23 PART I. Enter the diseases, or complications that can	used the death. Do not	enter tha mo	de of dving, suc	th as cardiac	or respiratory	arrest	Approximate		
	shock, or heart failure. List only one ceuse of	en aach lina.						Interval Between Onset and Death		
	disease or condition	in cimato	SUS	Moria	+1)			Cheer and Death		
	resulting in death) a. OUE TO (OR	AS A CONSEQUENCE OF):		Junin	3			1 servet,		
z	e. Con cingto sis meningtos  a. Oue to (or as a consequence of):									
일	Sequentially list conditions, if any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events DUE TO (OR .	AS A CONSEQUENCE OF):								
CERTIFICATION	resulting In death) LAST									
	PART ii. Other aignificant conditions contributing to dee	th but not reaulting in	tha underlyin	n cause diven in	Pert I 24a	WAS AN AUTOP	ev lan	. WERE AUTOPSY FINDINGS		
DICAL			the oneonym	g occur given in	294.	PERFORMED?	31 246	AMILABLE PRIOR TO COMPLETION OF CAUSE		
					—   ¹□	YES 2 NO		OF GEATH?		
: ME								1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL		20.00	ACE OF DEATH (CA	and made					
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpution: 2 ER/		THER:	,	,,					
Ĭ	27. MANNER OF DEATH 28e. DATE OF INJU			e 5 Residence		E HOW INJURY	OCCUPEO			
	1 Natural 5 Pending (Month, Day, Ye		Y WO	PRK?	200. DESCRIB	E HOW INJURY	OCCUREO			
B	2 Accident Investigation 3 Suicide A Could not be 28e. PLACE OF INJ	URY — At home, ferm, stre			281 LOCATION	(Street and Nun	phos os Rumi I	Cloude Months		
	4 Homicide 8 Could not be determined building, etc. (	Specify)	, , , , , , , , , , , , , , , , , , , ,		City or Tow	vn, State)	IDER OF HOVER	nodie Number,		
9	29e. CERTIFIER		3					<u> </u>		
COMPLETED	(Check only one)  2 MEDICAL EXAMINED: On the bast of my k									
8	2 MEDICAL EXAMINER: On the basis of examin	enon end/or investigation,	in my opinion, d	eath occured at the	time, date end p	place, end due to	o the ceuse(s	a) and manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		29d, 0	DATE SIGNED	(Month, Day, Year)		
စ္	hand lases			1)243	+1					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)							
	21 DATE FUED (Idam) Con Wash									
/ 1	31. DATE FILEO (Morith, Day, Year) AUG 0 3 1993 gruha Davido	IGNATURE AND AND AND AND AND AND AND AND AND AND								
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the retains death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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101	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M.
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAN	D / DEPAI CERTIF	RTMEN	T OF H	EALTH AND	MENT	AL HYGIEN		•	
	1. DECEDENT'S NAME (First, Middle, Last)	Lewis	. I	REVOR	?	LEW	IS, Ph	MOT	TE OF DEATH		YEAR	3. TIME OF DEATH 5:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH rith, Day, Year)		Country	
	382 01 1466 9e. FACILITY NAME (If not institution, give		73		9b. CITY	, TOWN	OR LOCATION OF		1-1920	·	S.Wa	lesUnitKi
DIRECTOR	St Agnes Hosp	ital			17.0		nore				NA	
REC	10e. STATE 10b. COUNT				TY, TOWN					_		10d. INSIDE CITY LIMITS?
		imore C	ounty	7 C	ator	ısvı	TIE					1 YES 2 NO
FUNERAL	715 MaidenCho	iceLane	Harbo	orVie	w#51		ZIP CODE	228		10g. CIT	US	THAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT OF HIS	PANIC ORIG	HN? (Specify Yes	or No	14. RACE	- American Indian, White, etc.
В	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					ecify Cuban, Mex 2 NO Spe		o Hican, etc.)		Specif	
ETED	15. DECEOENT'S EDU (Specify only highest grade	JCATION completed)	164	. DECEDENT'S (Give kind of	work done	CCUPATIO	ON ist of working	-10	5b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLE	Elementary/Secondery (0-12) 1 2 +	College (1-4 or 5+		eache		niv	of Ba	lto	Ed	ucat	ion	
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First	, Middle, Melden	Sumeme)		
BE	DAvid Arthur	Lewis					Hanna			_		
9	Kathryn Lewis			7 1 5			Choic					Baltimor 4, MD2122
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	noval from State		CE AND DATE	OF DISPOS	SITION (Ne					City or To	
	4 ☑ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSELD	31 11-	7 - 54	- 122	NAME A	D ADDRESS OF	EACH ITY				
	Bround B	En &	y was	ze, Di			Balti					my Board 201
	23. PART Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on each	lina.								Approximate interval Between Onaet and Death
CERTIFICATION	disease or condition resulting in dasth)  a. Cardwpulonancy Asret  Due to (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  Cardwpulonancy Asret  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Oue to (OR AS A CONSEQUENCE OF):  d. Cardwpulonancy Asret  Due to (OR AS A CONSEQUENCE OF):											
اب	PART II. Other algnificant condition	ns contributing to	desth but n	ot resulting	in the ur	darlyin	g causa given	in Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA	(b) CUA:	12 11 - 40							1 - YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	- Minor	molato	<u> </u>									1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outpetler	2 004	OTHE	₹:	ACE OF DEATH					
H	27. MANNER OF DEATH	28e. DATE OF I	NJURY	28b. TIN	E OF	28c, INJ	e 5 ☐ Residenc	_	er (Specify) EŞCRIBE HOW I	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending	(Month, Da	y, Year)	IN.	JURY M	WO	RK? /ES 2 NO				001125	
요	2 Accident Investigation 3 Suicide 6 Could not be determined Certained Certained Part of Suicide 1 Homicide Suicide Certained Suicide Certained Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicide Suicid											
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS											
- 1	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE		atton en	and almostication	лі, in my o	pinion, d			te and place, en			
TO BE	/	lug			-	D	29c. LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	HOSPIT		DE P	Print)	or	MEDIL	INE	8	AVE	imoi	RE MD2122
	31. DATE AUG 0 3 1993	32, REGISTRAF	S SIGNATUR	RE Landston								

FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGISTRAN		CENTI	TOATE	OF DEATH	HEG. NO	).		
1. DECEDENT'S NAME (First, Middle, L. Robe		ce Larrimon	e Sr.		2. DATE OF DEATH	DAY YEA		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7 DATE OF BIRTH	0.8	IRTNPLACE (State or Fo.	
216-62-8381	1 € M 2 □ F	39 YRS.	MONTHS DA	AYS HOURS MIN.	(Month, Day, Year)	53	ountry) Md.	
9e. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TO	WN OR LOCATION OF C		9c. COUNTY C	OF DEATH	
2902 Pulaski H.	iahwau		Ba	ltimore				
RESIDENCE OF DECEDEN								
2902 Pulaski H.  RESIDENCE OF DECEDEN  100. STATE  10b. CO	UNTY	10c. C	TY, TOWN OR L				10d. INSIDE CITY	
			Baltimore			1 🔀 YES 2 🗌 N		
2902 Pulaski H.	ichusus			10f. ZIP CODE 2/224		10g. CITIZEN OF WHAT COUNTRY?		
		Trues mills tones	Les une					
III	11. MARITAL STATUS  1 ☐ Never Married 2 ※ Merried   12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ※ IF YES, GIVE WAR OR DATES			s, specify Cuban, Mexic			RACE — American India Black, While, etc.	
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10	YES 25 NO Spec	ity:		Spectfy White	
15. DECEDENT'S				PATION	16b. KIND OF BU	SINESS/INDUSTF		
(Specify only riighest	College (1-4 or 5 -	Illin Do NOT	f work done durir use retired.)	ng most of working		1 44 1		
9		(00/	2		1000	d Marke	t	
17. FATHER'S NAME (First, Middle, Last					AME (First, Middle, Malder			
Lawrence 7.	Beach			Ste	ella Louise	2 Larrin	nore	
190. INFORMANT'S NAME (Type/Print)				treet and Number or Rura	Route Number, City or To			
Brenda L. Lar	rimore	2902	Pulask	i Highway	Balto., Md.	21224		
20e. METNOD ON DISPOSITION	Removel from State	20b. PLACE AND DAT	E OF DISPOSITIO	ON (Name of	0 1 -	DCATION — City		
Burtel Dicremetion 3  4 Donation 5 Other (Specify)	Nemoval from State	- Green III	other place n	ematory ?	8-3-93 B	reto., Mo	Lo	
21, SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NA	ME AND ADDRESS OF F	eiler & Sor	(	2015	
· CX sules	D. Zel	L	Cha	rles S. Ze	eiler & Sor	Inc. /	1013.	
23. PART 1. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, abock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
Dames to Oak 1 144	litions contathusing to	intributing to deeth but not resulting in the underlying ceuse given in Par					24b. WERE AUTOPSY F	
MEDICA	contributing to	DOGEN DUE NOT TESURING	resulting in the underlying ceuse given in Part			Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA	AL	-		26. PLACE OF DEATH (C	theck anty one)			
EXAMINER?	HOSPITAL:	EN/Outpatient 3 DOA	OTHER:	2000 - meseu -				
27. MANNER OF DEATH	26e. DATE OF	INJURY 26b. T	ME OF 28	Nome 5 Residence	28d, DESCRIBE HOW	INJURY OCCUPE	D	
	(Month, D		NJURY	WORK?	100	OOOONE		
2 Accident Investigat 3 Suicide 6 Could no	28e. PLACE O	F INJURY — At home, ferm			26f. LOCATION (Street	end Number or Pr	ural Route Number	
U 4 ☐ Homicide determine	building,	etc. (Specify)			City or Town, State	)		
29a. CERTIFIER	MYCICIAN, T			THE THE PROPERTY OF			-	
(Check only		my knowledge, death occu					and the second	
3 - COLONIATION - COLONIA		tamination end/or investigate	in my opini					
29b. SIGNATURE AND TITLE OF CERT	211-	0		29c. LICENSE NO	JMBER O O O D	29d. DATE SIG	NED (Month, Day, Year)	
, would	ttt orage	S OF DEATH STATE	21.0	D21	009'/	10	5770	
30. NAME AND ADDRESS OF PERSON	CD N	Pt Rd.	Bal	+ MD	21224			
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		24 -5 1				
9AUG 0 2 19	93 Julian	Daniela Daniela						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

	mit. Pages 1, 2, 3 shou	
Tours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit. or removal.	medical araminer must be notified at once
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills he filed within 72 hours after death with the State Deot, of Health and Mental Hyptene prior to burial, cremation	MPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be neithed as
THE HOSP	THE FUNE!	MPORTANT

93 22391 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN LEWIS LANG JR. YEAR 7:00 P. 07-31-93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 217-01-0988 XIX M 2 F 78 04-04-15 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH UNION MEMORIAL EXTEN. CARE UNIT DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1705 HILLENWOOD ROAD 21239 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YESXX NO Specify: BY Widowed 4 ☐ Divorced WORLD WAR II WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) PAINTING COMPANY 12 YEARS **ESTIMATER** 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) LEWIS LANG MINNIE VOLLEIT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARRIET S. WALTERS 1676 BURNWOOD ROAD, BALTIMORE, MD. 21239 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata | Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) IMMANUEL LUTH. CEM. 8-4 BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FACILITY HENRY R. H. Keiter W. JENKINS & 4905 YORK ROAD, BALTIMORE, MD. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximata ahock, or heart failure. List only one cause on sech lina. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition neumono da resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata 0 cause. Enter UNDERLYING were CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: t YESX NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XIX Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) ETED. 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29a. CERTIFIER XX CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3610 08-02-93

BALTIMORE, MARYLAND 21215-0020	may be retained by the months of which the stan.	or page 5 should be detached fur use and fount-transit permit. Page	ust be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be certached thruss and funeral transit permit. Page be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HO	TO THE FU	IMPORTA

s 1, 2, 3 should

1 - FOR STATE REGIST	'RAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.				
	s name (First, Middle, Last) arol	Ann	Lee		2. DATE OF DEATH MONTH 2 9 - 9 3	YEAR 3. TIME OF DEATH			
218- 9e. FACILITY	CURITY NUMBER  44-4198  NAME (# not institution, give 4 Cople	1 M 2 F 5(	O YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.  STY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) 10-16-42 DEATH 9c. 0	B. BIRTHPLACE (State or Foreign Country)     M     COUNTY OF DEATH			
10e. STATE Md 10e. STREET 3704 11. MARITAL S 1 Never M 3 N Widower 12 17. FATHER'S Lawr 19e. INFORMA Anni 20e. METHOD	AND NUMBER  COPLEY  STATUS  arried 2   Merried  d 4   Divorced  15. DECEDENT'S ED (Specify only highest grac y/Secondary (0-12)  th  NAME (First, Middle, Lest)  ence  R  INT'S NAME (Type/Print)	Rd  12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR I  UCATION to completed)  College (1-4 or 5+)  Lee	10d. INSIDE CITY LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  U.S. A  14. RACE — American Indian, Black, White, etc. Specify:  Black  S/INDUSTRY  The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the proper						
23. PART I.  IMMEDIATE disease or resulting in  Sequentisit if eny, lead cause. Ente CAUSE (Die that initiate	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H-West 4300 Wabash Ave  23. PART I. Enter the diseases for complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death  MMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Ot	her significant condition	d to death	but not resulting in tha	underlying cause given in	n Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO			
EXAMINER  1 YES  27. MANNER C  1 Netur  2 Accident	2 NO DF DEATH  al 5 Pending investigation  de 6 Could not be	HOSPITAL:  1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  28e. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WORK? 1   YES 2   NO  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							
30. NAME AND	2 MEDICAL EXAMIN  RE AND TITLE OF CERTIFI  D ADDRESS OF PERSON W  D (Month, Day, Year)	HO COMPLETED CAUSE OF DI	on end/or investigation, in n	ry opinion, death occured at the 29c. LICENSE N		a stated.  to the ceuse(s) end manner ee stated.  DATE SIGNED (Morini, Day, Year)			

DHMH-16 Rev 1/89

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND	MENT		E		440	
	DECEDENT'S NAME (First, Middle, Last)	launa	A. LaF		ICATE	. Or	DEA	In	MON			YEAR 993	3. TIME OF DEAT	гн
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	4 VEAG	III I I I I I I I I I I I I I I I I I	R 24 HRS.		E OF BIRTH	2, 1		A	M
	101-16-0604	1   M 2/CXF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)	۰.0	Countr	PLACE (State or Fo	oreign
	9e. FACILITY NAME (If not institution, give		94	1110.						-5-18			yland	
OR	1901 Fountain		d.			Beli		ION OF DI	EATH			lar L		
[[	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v		1 40- 01-										
DIRECTOR	Md.		nfond		eLa		ION						10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	1901 Fountai	n Green	Rd.				2/0/	_			_	S.A	HAT COUNTRY?	
Z	11, MARITAL STATUS	12. WAS DECEDEN		MED	111				IIC OBIO	IN? (Specify Yee				
	1 Never Merried 2 Married		YES 2 X		ا ا	f yes, spe	ecify Cube	en, Maxice	n, Puerto	Rican, atc.)	or No-	Bleck	- American India , White, etc.	en,
BY	3 X Widowed 4 Divorced	IF YES, GIVE Y	MN ON DATES		'	∐ YES	2 X NO	Specif	γ:			Speci	" White	0
ED	15, DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CUPATIO	N .		16	Sb. KIND OF BUS	INESS/INC	HISTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	live kind of v	vork done d	furing mo	st of worki			AL KIND OF BOS	114699/1146	703 I N 1		
COMPLET	8th	College (Int of 3	As.	1 ist	ant	70	Cou	inci	1	Balt	imon	e C	ity	
BE COI	17. FATHER'S NAME (First, Middle, Last)  John S.D. A	uLd								Middle, Maiden:	Sumame)			
TO E	190. INFORMANT'S NAME (Typo/Print) Mr. Carl G. Gu	ld	2							Licot			d. 210	42
	20e. METHOD OF DISPOSITION 1 ◯XBuriel 2 □ Cremetion 3 □ Rem	ovat from State	20b. PLACE I	AND DATE	F DISPOS	ITION /Na	me of		OA	TE 20c. LOC	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		Gre	enmo	unt	Cen	nete	ry	8/	5 B	alto	. M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.1	NAME AN	D ADORE	SS OF FA	CILITY	T	,	11		
	body b. x	Inith	/		7	2.7.C.1	Han	for	Ler LR	d Ra	140	MA	e .,21234	/,
	23. PART I Enter the diseases, or	complications tha	t caused tha da	ath. Do n	ot entar	the mo	da of dy	ing, suc	h aa ca	rdiac or raspir	atory en	ast,	Approxima	
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between IMMEDIATE CAUSE (Final													
	diseese or condition		COF	D			10 usa						Death	
	resulting in death)	DUE TO	(OR AS A CONSEC	QUENCE OF	7):								109	40
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSEC	DUENCE OF	ŋ:	. <u> </u>								
S	cause. Entar UNDERLYING CAUSE (Disease or injury	с												
트	that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	):									
CER	resulting in death) EAST	d												
ابرا	PART ii. Other significant condition	a contributing to	daath but not r	asulting i	n the un	derlying	cause	given in	Part i.			24b.	WERE AUTOPSY FIR	NDINGS
MEDIC										PERFORI			AMAILABLE PRIOR 1 COMPLETION DF C	
										1 TYES 2	X NO		DF DEATH?	
									_				1 TYES 2 TO	10
A	25. WAS CASE REFERRED TO MEDICAL					20 DI	ACE OF D	EATH (Che		<u> </u>				
SICIAN:	EXAMINER?	HOSPITAL:			OTHER	1:								
ž	27. MANNER OF DEATH	1 Inpatient 2					_	sidence		er (Specify)				
/ PHY	1 Natural 5 Pending	28a. DATE OF (Month, D	ny, Year)	26b. TIME INJ	URY M	28c. INJU WOF	JRY AT RK? ES 2 [	3 NO	26d. DE	SCRIBE HOW IN	JURY OCC	CURED		
ВУ	2/ Accident Investigation 3 Suicide B Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	treet, facto			3,00	26f. LO	CATION (Street e	nd Number	or Rumi B	nute Number	
COMPLETED	4 Homicide  8 Could not be determined	building,	etc. (Specify)			,,			City	y or Town, State)	ra muniper	or nurer n	oute Number,	
PL	29e. CERTIFIER (Check only 1) CERTIFYING PHYSI	CIAN: To the best of	my knowledge, da	ath occurre	d at the ti	ma, date	and place,	, and due	to the ca	euse(e) and mans	ter se stat	ed.		
NO		R: On the basis of e											end manner as st	ated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	71	44-				- 40	ENSE NUN			29d. DATI	SIGNED	(Mgnth, Day, Year)	_
TO B	//-	Hr	MI	>			D.	344	5-2		•	8/3	11.3	
	30. NAME AND ADDRESS OF PERSON WH			4 27) (Type,	Print)				1-	AIR				
	DCOTT /A	SWELL	620	20	467	ON	5"	T .	SEL	AIR	MO	1	1114	
	31. DATE FILED (Month, Day, Year)				-		-					_	1011	-

Luka Tavidan Rances

AUG 3 -

1993

DHMH-16 Rev 1/89

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	DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER	Elizabeth	n Mae Linto	ON IF UNDER 1 YEAR	IF UNDER 24 MRS.	2. DATE OF DEATH DAY OF 25	8. BI	RTHPLACE (State or
	218 42 2365	1 🗆 M 2 🔯 F	48 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8/13/1944	Co	aryland
TOR	90. FACILITY NAME (If not institution, give 916 DOGWOOD RESIDENCE OF DECEDENT			96. CITY, TOWN Glen B	or location of bi urnie	EATH	Anne	Arundel
DIRECTOR	10a. STATE 10b. COUN	ne Arundel		ry, town on Loca Len Burn				10d. INSIDE CI- LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 916 Dogwood Ro	ad		10	21060		10g. CITIZEN C	· A ·
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:		ACE — American In- Hack, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	s usual occupat work done during m rise retired.)	ost of working	166. KIND OF BUS	INESS/INDUSTR	
	17. FATHER'S NAME (First, Middle, Last)	Charles Be	ecker			ME (First, Middle, Maiden S	Sumame)	ebaugh
TO BE	190. INFORMANT'S NAME (Type/Print) Annette Bryant		196. MAILING 916 D	ADDRESS (Street	end Number or Rural Road G	Aoute Number, City or Town	, State, Zip Code , Mary]	and 2106
	20e. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION (Name of Canadian, cremetary) of other place.  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c.							
	21. SIGNATURE OF FUNERAL SERVICE L	MBramer.	oushe	4001	Ritchie	GLITY Funeral Hwy. Balt	imore,	
	23. PÁRT I. Enter the diseasea, or shock, or heert felidre IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metast	on each line.	on Ca		h aa cardiac or reepli	ratory arreet,	Approxi interval Onset a
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE O	DF):				
	PART II. Other significant condition Biliary Obst	ons contributing to dae						24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION DI DF DEATH? 1 YES 2
MEDICAL								
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	l/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (Ch			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 inpetient 2 in ER.  28a. DATE OF INJU (Month, Day, Ye	URY 28b. TIN	OTHER: 4   Nursing Ho  WE OF 28c. IN  URY W 1	me 5 Residence UURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetiant 2 ER. 26a. DATE OF INJU (Month, Day, Ye.) 28a. PLACE OF INJ	URY 28b. TIII	OTHER: 4   Nursing Ho  WE OF 28c. IN  URY W 1	me 5 Residence UURY AT ORK? YES 2 NO	6 Cher (Specify)		

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Center, 200 Hospital Drive, Glen Burnic, MD 21061



CAMINITED HILLS DE ROUNED AL DICE.	TO BE COMPLETED BY FUNERAL DIRECTOR
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INTERNATION IN HOLE	TO BE COMPLE
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FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTA CERTIFIC				GIENE G. NO.	
1. DECEDENT'S NAME (First, Middle, Last)  ROSCMORI	ROSEMARI E LAM	E LAMARTI	NA A			ATH 7/30/9	3. TIME OF MEATEO P
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн.	8. BIRTHPLACE (State or Foreign
218-28-8973	1 □ M 2 K F	59 YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day,		Country) MARYLAND
9a. FACILITY NAME (If not institution, give s		91		R LOCATION OF C		9c. COUN	TY OF DEATH
ST. AGNES HOSPITA	AL		В	AL TIMORE			
10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND B.	ALTIMORE		LANS DOV	VNE		100 CITIZ	1 VES 2 ND
2406 TIONESTA	ROAD		180	21227		log. Gilla	U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENOENT DF HISPA	NIC DRIGIN? (Spec	offy Yes or No —	14 RACE — American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 _ YES			2 ND Speci		rtc.)	Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	done durina mo	N st of working	16b. KIND	OF BUSINESS/INDU	ISTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMAK			OW	N HOME	
17. FATHER'S NAME (First, Middle, Lest)		Потынк	- I	16. MOTHER'S N	AME (First, Middle, I		
JOSEPH TUMINE	LLO				A KAVAI		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip (	Code)
ROSEMARY LAMARTIN					SDOWNE,	MARYLAN	D 21227
20a METHOD OF DISPOSITION  1 2 Buriel 2 Cremation 3 Ram  4 Donation 5 Other (Specify)		b.place and date of C EADOWRIDGE			3-93	DORSEY,	ity or Town, State MARY LAND
21. SIGNATURE OF FUNERIAL SERVICE LI	CERONE - / /	7	22. NAME AN	D ADDRESS OF FA	CCETT		
Lucrus	nego		1630 I	EDMONDSO	N AVE.	CATONSVII	FUNERAL HOMES
immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OF COLOR AS  OUE TO (OR AS  OUE TO (OR AS	each lina.	,				Approximate interval Batween Onset and Death
that initiated events resulting in death) LAST	d						
PART II. Other significant condition	s contributing to deeth	Dut not resulting in t	he underlying	cause given in	P	MS AN AUTOPSY ERFORMED? YES 2 KNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	neck only one)		
1 YES 2 NO	HOSPITAL:		THER:  Nursing Hom	5 - Residence	6 Other (Specia	fy)	
27. MANNER OF DEATH  1 Netural 5 Pending	26a. OATE DF INJURY (Month, Day, Year)	26b. TIME O	WO	JRY AT RK? ES 2 NO	28d. OESCRIBE	HOW INJURY OCCU	PRED
2 Accident investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJUR building, etc. (Spe	Y — At home, term, stree			261. LOCATION ( City or Town,	Street and Number of State)	r Rural Route Number,
	CIAN: To the best of my known						d. couse(a) and menner as stated.
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30. NAME AND ADDRESS OF PERSON WH	-		1	11 C	1	1	2015
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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending meriminal	the funeral director, page 5 should be detached for use as the fundament of mit. Pages 1, 2, 3 should wal.	si examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending memory.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the run ment of the first mit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE-COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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LETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HELL, 22 S. GREENE ST, 32. REGISTRAR'S SIGNATURE
Julia Davidon-Rando

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR												
. DECEDENT'S HAME (First, Middle, Las	00)							2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR Certif	RTMENT OF H	HEALTH AND DEATH	MENTAL HYGIENE REG. NO.	9
ECEDENT'S NAME (First, Middle, Last)	me	(SIGNUND ME	LNIKOFF)		2. DATE OF DEATH MONTH DAY	,
OCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
1	Sicmen	λ -	mils	SIGMUN	D ME	LNIKO	OFF )		ı	MONTH	DA	W	YEAR	7:10 P m
	4. SOCIAL SECURITY NUMBER	ER	5. SEX 6.	AGE (In yrs. las	t birthden)	IF UNDER	1 VEAD	IF UNDER		JULY	-	2		
			1)ØM 2 □ F	ACC (III yis. ias	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	BIRTH Day, Year) 1-192		Countr	
	217_14-30	58		68	THO.						1-192	4		MARYLAND
	9a. FACILITY NAME (If not in					9b. CITY,	TOWN C	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
0			IGH DRIVE					21	244					
DIRECTOR	RESIDENCE OF DEC													
25	100	10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	LION						10d. INSIDE CITY LIMITS?
	MARYLAND	BA	LTIMORE				В	ALTI	MORE					1 YES 2 NO
4	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF Y	VHAT COUNTRY?
E	3413 COT	RTLEI	GH DRIVE					21	244				1	USA
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	MRS. SELMA		TKOP.F.						R., I	BALTO	7		244	
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	21. SIGNATURE OF FUNERAL			ANSH	E EMI					<u>1+93</u>		BAL	TIMO	RE, MD
	21. SIGNATURE OF FUNERA	111	CENSEE			1		ND ADDRES		20				BROS., INC.
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- 4	shock, or he	part fallure											ne.ser	
- 1			List only one cause i	on each line			tire ino	Ge Di Gyi	ing, such	e cardie	o or reap	railbry an	reat,	Approximate interval Between
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CURED  or Rural R  ed.  ee cause(a)	Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and manner ex eteted.  (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in desth)  Sequentially list condition resulting in desth)  Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injuit that initiated events resulting in desth) LAS'  PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 1  2 Accident 3 Suicide 6 6 6  4 Homicide 6 6  296. CERTIFIER (CERTIFIER	DINA, diate NG IT I I I I I I I I I I I I I I I I I I	a. Rena DUE TO (DR DUE TO (DR DUE TO (OR d. 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CURED  or Rural R  ed.  ee cause(a)	Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

9-11-1924 MARY

3413 COURTLEIGH DRIVE 21244

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MARYLAND BALTIMORE BALTIMORE

3413 COURTLEIGH DRIVE USA USA

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12 PLUMBER PLUMBING

RRRY MELNIK ANNA SHAPIRO

TLNIKOFF 3413 COURTLEIGH DR., BALTO., MD 21244

ANSHE EMUNAH 8-1-93 BALTIMORE, MD SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CE	RTIFICAT	E OF DEAT	Ή	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, I		ERRILL			2, D/ MC	TE OF OEATH DA	/93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-07-4135	5. SEX	6. AGE (In yrs. lest	YRS. MONTHS	R 1 YEAR F UNDER DAYS HOURS	Mm. (M	onth, Day, Year) -1-1906		BIRTHPLACE (State or Foreign Country) MARYLAND
	98. FACILITY NAME (If not institution,  SEWISH GWVA  RESIDENCE OF DECEDEN	LESCENT on	NURSING !		R, TOWN OR LOCATION BALT			BAZ	TIMORE
חטוספעוט	10a. STATE 10b. CO			10c. CITY, TOWN	OR LOCATION BALTIMORE	3			10d. INSIDE CITY LIMITS? Y YES 2 NO
	100. STREET AND NUMBER 7313 PARK HE	IGHTS AVE.	, APT. 10	08	10f. ZIP CODE	2120	8	10g. CITIZEN	USA
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 YES 2X N WAR OR DATES	MED 13.	WAS OECENOENT O			or No — 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5	(Gh	Do NOT use retired.)	during most of workin		166. KIND OF BUS	EHEM S	
	17. FATHER'S NAME (First, Middle, Las BENJAMIN		L		18. MOTH	on the contract	st, Middle, Meiden	Sumame) KATE	R
	19a. INFORMANT'S NAME (Type/Print)  MR. MICHAEL	MEDRIT.I.			S (Street and Number				
i	20a. METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3		20b. PLACEA	NO DATE OF DISPO	SITION (Name of		-		or Town, Stata
	4 Donation 5 Other (Specify)			TETLOH	CONG.	3-1-93			IMORE, MD
	* Och Oll	ELICENSEE /			Olo REIS				& BROS., IN
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO	O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION O (OR AS A CONSECTION	UENCE OF):					
MEDICAL	PART II. Other algnificant cond	ditiona contributing to	o death but not n	esuiting in the u	nderlying cause g	iven in Part i	. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED IN MEDIC. EXAMINER?				26. PLACE OF D	EATH (Check only	y one)		
2	1 VES VI NO		☐ ER/Outpatient 3		rsing Home 5 🗌 Ra				
10	1 Natural 5 Pending 2 Accident Investiga		Day, Your)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2		OESCRIBE HOW II	NJURY OCCUR	ED
	3 Suicide 8 Could no 4 Homicide detarmin	pullding building	OF INJURY — At hor g, etc. (Specify)	me, tarm, street, fa	tory, office		OCATION (Street a City or Town, State)	and Number or i	
COMPLE									Rural Route Number,
	Anel —	PHYSICIAN: To the best of							Rural Route Number, ause(s) and manner as state
8E	(Check only 2 MEDICAL EXA	AMINER: On the besia of	examination and/or i	nvestigation, in my	opinion, death occur			d due to the c	
TO BE C	(Check only one) 2 MEDICAL EXA	AMINER: On the besia of	examination and/or i	nvestigation, in my	opinion, death occur	ed at the time, o		d due to the c	ause(s) and manner as sta

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

AUG 0 3 1993

32. REGISTRAR'S SIGNATURE

toked War falser your total were by you want in the

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardincate be executed within 24 hours after death. Page 6 may be retained by the lospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		
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	MPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified at once.	

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		R MINKIN			2. DATE OF DEATH MONTH JULY 29,	1993 ^{*E}	ar 8:45 PM M
	4. SOCIAL SECURITY NUMBER 218-14-7817	1 🗆 M 2 💢 F	(In yrs. last birthday) 91 YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR. 2,19	902 M	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	9a. FACILITY NAME (If not institution, give BRIGHTWOOD MERI RESIDENCE OF DECEDENT		CENTER		RVILLE	АТН	9c. COUNTY BALT	OF DEATH CIMORE
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	TY	10c. Cri	BALTII	NORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6810 PARK HEIGH	TS AVE, APT.	106	101	ZIP CODE 212	1.5	10g. CITIZEN	OF WHAT COUNTRY? USA
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1	2XXN0	13. WAS DEC	ENDENT OF HISPAN ecity Cuben, Mexica 2/2 NO Specify	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mo se retired.) LESLADY	ON st of working	166. KIND OF BUS		RY
BE COM	17. FATHER'S NAME (First, Middle, Last) HARRY BRENNER					ME (First, Middle, Maiden IE WOLF	Surname)	
10	19a. INFORMANT'S NAME (Type/Print) MRS SHERRI MINK	(IN				Route Number, City or Town WINGS MILLS		
	20a. METHOD OF DISPOSITION 1 fty Burial 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	moval from State	B. PLACE AND DATE			1	CATION — CITY L'TIMORI	La Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Com
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE J	wis			& BROS., II		ORE, MD 21215
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE Final disease or condition resulting in death)	a	COYO	1140		h as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE O  A CONSEQUENCE O	F):				
MEDICAL	PART II. Other significant condition 5 ever	ens contributing to death	but not resulting		cause given in	-	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER:	ACE OF DEATH (Che	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH  1 Nsturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. INJ		28d. OESCRIBE HOW IF	JURY OCCURE	D
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR	Y — At home, farm, scily)	street, factory, office		281. LOCATION (Street e City or Yown, State)	nd Number or R	tural Route Number,
COMPLETED		SICIAN: To the best of my know IER: On the basis of examinate						use(a) and manner ea stated.
TO BE	296. SIGNATURE AND THE OF CERTIFIE	1 Demi	121	Sun	29c. LICENSE NUN	94/	29d. DATE SIC	SNED (Month, Day, Your)
	30. NAME AND ADDRESS OF PERSON W 31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF O		, Print)				
	ALLC O C MOOS	and the second	W					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN										
1. DECEDENT'S NAM	JERRY		MARI	KS			2. DATE	OF DEATH	199	3. TIME OF DEAT 11:30
4. SOCIAL SECURITY	Y NUMBER	5. SEX	6. AGE (In yrs. lest		UNDER 1 YEA		///	OF BIRTH		BIRTHPLACE (State or For
128-24-0	618	1 🔀 M 2 🗆 F	64	YRS.	NTHS DAY	'S HOURS MI		h, Day, Year) /08/28		aryland
	(If not institution, give at	reet and number)		90	b. CITY, TOW	N OR LOCATION O		100120	9c. COUNTY	
3100 BL	OCK OF	W. BELV	EDERE A	AVE	В	ALTIMO	RE CI	TY		
RESIDENCE OF	FDECEDENT									
	10b. COUNTY				OWN OR LO					10d. INSIDE CITY LIMITS?
	IMPER			Bal	timo				I is a second	1XXYES 2
5214 Day		Arroniso				21215				OF WHAT COUNTRY?
100. STREET AND NU 5314 Par	k Heights	12. WAS DECEDEN	T EVED IN II C ADI	MED	12 400	ZIZIO	PANIO ODICI		U.S.A.	RACE — American India
			YES 27 N		II yes	, specify Cuban, Me YES 2 X NO S	xican, Puerto	Rican, etc.)	14.	Black, White, atc.
3 Widowed 4	Divorced	IF TES, GIVE W	NI ON UNIES		,,,	TES 2 KI NO S	несту:			specify: white
(Some	15. DECEDENT'S EDUC			CEDENT'S US		ATION most of working	16	, KIND OF BL	ISINESS/INDUST	
Elementary/Secor 3		College (1-4 or 5 +	Him	Do NOT use n	otired.)	most or working				
3			Tin	sman			S	elf		
17. FATHER'S NAME			10			18. MOTHER'S	NAME (First,	Middle, Maider	Surname)	
Russell 3						Annie				8- 34
D 194. INFORMANT'S N						eet end Number or R				*
Mar Cha St	tevenson N	Marks								MD 21215
	remation 3 - Remo	oval from State	20b. PLACE A cemetery, crer			Neme of	DAT		OCATION — City	
4 Donation 5	Other (Specify)	CHEEK	Loudo		Ceme	etery	8/4	/93 Ba	altimor	e, Marylan
21. SIGNATURE OF P	STEPAL SERVICE LIC	/ /	1							Lansdowne
Long	Oh J. 1	melin	e 4		2/19	Hammond	s Fry.	Ra. L	ansdown	ne, MD 2122
Sequentially list of if any, leading to cause. Enter UNC CAUSE (Disease that initiated ever resulting in death	immediate DERLYING or Injury nts	G	(OR AS A CONSEC							
resulting in death	i) LAST	d								
	gnificent conditions	a contributing to	death but not re	eauiting in	the underl	ving cause give	in Part I.	24a. WAS AI	ALITOPSY	24b. WERE AUTOPSY FI
PART II. Other ele					Sirewill	,g 04340 giroi		PERFO	RMED?	AWAILABLE PRIOR COMPLETION OF C
								1 TYES	HO	OF DEATH?
2										
										1 - YES 2 N
25. WAS CASE REFER	RED TO MEDICAL				26	PLACE OF DEATH	(Check only o	nel		10 163 201
25. WAS CASE REFERENCE EXAMINER?		HOSPITAL:	ER/Outnations 2	_ OOA 0	THER:	S. PLACE OF DEATH			P[IRI.T	
25. WAS CASE REFERENCE EXAMINER?  1 TO TES 2 2  27. MANNER OF DEA	NO	1 Inpatient 2 I	INJURY	DOA 4	THER: Nursing I	Home 5 Raside	6 K Xth	or (Specify)	PUBLI	C STREET
III 1350 MARGINI	NO TH 5 Pending	1 Inpetient 2	INJURY	DOA 4	THER: Nursing i	Home 5 Raside	6 K Xth	or (Specify)		C STREET
2 Accident	NO TH 5 Pending Investigation	28a. DATE OF (Month, D.	INJURY ny, Year) F INJURY — At hor	28b. TIME C	THER:  Nursing I  F 28c.  M 1	Home 5 Rasider INJURY AT WORK? YES 2 NO	26d. DE	SCRIBE HOW	INJURY OCCUR	C STREET
2 Accident 3 Suicide 4 Homicide	NO TH 5 Pending	28a. DATE OF (Month, D.	INJURY ay, Year)	28b. TIME C	THER:  Nursing I  F 28c.  M 1	Home 5 Rasider INJURY AT WORK? YES 2 NO	26d. DE	or (Specify) SCRIBE HOW	INJURY OCCUR	C STREET
2 Accident 3 Suicide 4 Homicide	NO TH 5 Pending Investigation 6 Could not be determined	1 Inpatient 2 28a. DATE OF (Month, D) 26a. PLACE O building,	INJURY ay, Year) F INJURY — At horate. (Specify)	DOA 4 28b. TIME C INJUR me, larm, stre	THER: Nursing I  SF  M  1    et, factory, c	Home 5 Resider INJURY AT WORK? YES 2 NO	26d. DE 281. LO	SCRIBE HOW  CATION (Street or Yown, State	and Number or R	C STREET
2 Accident 3 Suicide 4 Homicide	NO  TH  5   Pending Investigation 6   Could not be determined  CERTIFYING PHYSIC	1 Inpetient 2  28a. DATE OF (Month, D  26a. PLACE OF building,	INJURY ny, Year)  F INJURY — At horate, (Specify)  my knowledge, dea	DOA 4 28b. TIME C INJUR me, larm, stre	THER: Nursing I  F  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nu	injury AT work?  YES 2 No	28d. DE 28f. LOC	or (Specify)  SCRIBE HOW  CATION (Street or Town, State	and Number or R	C STREET
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2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 C	NO  TH  5   Pending Investigation 6   Could not be determined  CERTIFYING PHYSIC	1 Inpetient 2  28a. DATE OF (Month, D)  26a. PLACE O building,  CIAN: To the best of a:	INJURY ny, Year)  F INJURY — At horate, (Specify)  my knowledge, dea	DOA 4 28b. TIME C INJUR me, larm, stre	THER: Nursing I  F  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nursing I  Nu	Home 5 Raside INJURY AT WORK? YES 2 NO Office  data and place, and n, death occured at 29c. LICENSE	28f. LOC C/h	or (Specify)  SCRIBE HOW  CATION (Street or Town, State	and Number or R	C STREET
Accident    Accident   Suicide   Homicide   Page Certifier (Check only one)   2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TH  5   Pending Investigation 6   Could not be determined  CERTIFYING PHYSIC  MEDICAL EXAMINES  D TITLE OF CERTIFIES	1 Inpetient 2 2 28a. DATE OF (Month, D. 26a. PLACE O building,  CIAN: To the best of a:	INJURY sy, Year)  F INJURY — At hose stc. (Specify)  my knowledge, dea camination and/or in	DOA 4 28b. TIME C INJUR me, larm, stre ath occurred a	THER:  Nursing I  F  Y  M  1  et, fectory, c  at the time, d  in my opinio	Home 5 Raside INJURY AT WORK? YES 2 NO Office  data and place, and n, death occured at 29c. LICENSE	26d. DE  28f. LO  28f. LO  c/h  due to the ce the time, det	or (Specify)  SCRIBE HOW  CATION (Street or Town, State	and Number or R	C STREET  Bural Route Number,  Buse(e) and manner as at
Accident    Accident   Accident   Suicide   Homicide   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property one   Property on	TH  5 Pending Investigation  6 Could not be determined  CERTIFYING PHYSIC	1 Inpetient 2 2 28a. DATE OF (Month, D. 26a. PLACE O building,  CIAN: To the best of a:	INJURY ay, Yeer)  F INJURY — At hore etc. (Specify)  my knowledge, declamination and/or in  MAN  SE OF DEATH (ITEM	DOA 4 28b. TIME C INJUR me, larm, stre ath occurred a mvestigation, i	THER: Nursing I F Y M 1   et, factory, c at the time, d in my opinio	Home 5 Rasider INJURY AT WORK? YES 2 NO office  deta and place, and in, death occured at	281. LOC C/ly	er (Specify) SCRIBE HOW CATION (Street or Youn, State use(a) and me a end place, a	and Number or R	C STREET  ED  Aural Route Number,  Buse(e) and manner as at  GNED (Month, Dey, Year)  3 1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v
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				CALLED DIST			-							
		1. DECEDENT'S NAME (First,	Middle, Last)	JOHN WILL	JAM M	ARCUS,	SR.			2. DATE OF MONTH	_ / 0	AY	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			AGE (In yrs.				DER 24 HRS.	7. DATE OF		6 - 9	3	
			_	1 XM 2   F	_	. uma 4	IF UNDER 1 YE	YS HOUR	-	(Month, E	Day, Year)	_	Country)	ACE (State or Foreign
pino		90. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOC	ATION OF D		10/2		TY OF DEAT	FIMOLE
, 3 should	E			NIS HOS	5016					ACYLA	a lad	(A) (2)		MOSE
3 1, 2,	DIRECTOR	RESIDENCE OF DEC	CEDENT		7,,,	_			10,17	14/14/17	NO	13/1		
Pages	2	Maryland	10b. COUNTY				TOWN OR L							INSIDE CITY LIMITS?
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burial-transit permit. Pages	FUNERAL	559 Fair	rmount	Road,					1090			, ·	USA	II COUNTRY?
al-trar	5	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S.	RMED	13. WAS	DECENDEN	T OF HISPAI	NIC ORIGIN? (	Specify Yes			American Indian, Thite, etc.
the bur	BY F	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1 [		JNO		YES 2 X I		n, Puerto Ric	en, etc.)		Specify:	
as	ED E		EDENT'S EDU	CATION	160 1	DECEDENT'S U	SUAL OCCU	BATION		Tab. W		SINESS/INDU		White
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hed ft	COMPL	12th Grade	, ,	college (I-V of 5+)	L	andsca	per	Driv	er an	a   3111	=11 0	emp	loyed	d sell-
detached once.	Į į	17. FATHER'S NAME (First, M						18. M		ME (First, Mid	die, Maiden			
ad be	BE	John	М.	Marcu						jorie	0.		rman	
5 should notified	0	Mrs. Madel		Manous		196. MAILING A								. 01000
be age		200. METHOD OF DISPOSIT		Marcus	000 0140				ка.,	Lint	_		<u> </u>	
		1 XBuriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Reme	oval from State		E AND DATE OF				7/29		timor		aryland
		21. SIGNATURE OF FUNERA		ENSEE Kevin	E. E		22. NAM	E AND ADD		CILITY				
funeral dia 1. examiner			5//			CKCI	McC	ully	Funer	al Hor	ne of	Broo	klyn	01005
d in by the or removal medical		23. PART I. Enter the di	iseasea, or o	omplications that ca	nused the o	death. Do no	t antar the	moda of	duaps dying, suc	h aa cardia	c or reapi	ratory arre	, Ma.	21225 Approximate
led in		ahdck, or hi	aart failure.	List only one cause	on aach ile	ne.								interval Between Onset and Death
cremation,		disease or condition resulting in death)	<b>+</b>	Pros	TAT	0 (	An	ICE	R					
				DUE TO COR	AS A CONS	EOUENCE OF):	7	1						
and o	NO N	Sequentially ilst conditi		DUE TO (OR	Levil AS A CONS	CE B	Son	e C	isla	ما	*			
	CATION	If any, leading to imme- cause. Enter UNDERLY	ING		No A CONO	20021102 01 ).								į į
nding phy Hygiene p	RTIFIC	CAUSE (Disease or inju that initiated events		DUE TO (OR	AS A CONS	EOUENCE OF):								
PH F	і ш в	resulting in death) LAS	T L	1,										
9 9 5	LC	PART II. Other aignifica	int condition	a contributing to dea	ath but not	raauiting in	the under	lying caua	e given in	Part i. 24	le. WAS AN	AUTOPSY	24b. WE	ERE AUTOPSY FINDINGS
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State De	SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	1	1	2 OTHER:	6. PLACE O	DEATH (Ch	eck only one)				
the Si	ΙΥS	1 YES 2 NO		1 Inpatient 2 III		3 13 00A	☐ Nursing		Rasidence	B Other (S		tosp		
ofter this c eath with marked,	/ PHY	Netural 5	Pending	(Month, Day,		28h, TIME INJUI	TY	. INJURY AT WORK?	□ NO	28d. DESCR	IBE HOW I	NJURY OCCL	RED	
: After r death is ma	D BY	2 Outside	Could not be	28e. PLACE OF IN	UURY - AT I	home, ferm, atr	_			28f. LOCATI	ON (Street a	and Number o	r Rural Rout	e Number
after 28	ETEC		determined	building,	Togeth					City or	Town, Stete)			
THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of PORTANT: If Item 28 is marked, or Item 23 sh	PLE	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best many	apowledge,	death occurred	st the time,	date end pla	ce, end due	to the cause	(s) end mar	ner as state	d.	
NERAL hin 72 NT: If	COMPL			R: On the basis of										id menner as stated.
HE FU	ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	Ł				29c. 2	CENSE NUI	ABER /		29d. DATE	SIGNED (M	goth, Day, Year)
TO THE FUNERAL be filed within 72 I IMPORTANT: If I	TO B						-3	1	1197	1	0	> 7	12//	47
		30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE O	F DEATH (IT		4/5	257	U21	es h	el	2/2	-04	-
	,	31. DATE FILED (Month, Day,	Manr)	32. REGISTRAR'S		,	,,						nri i	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN: Th
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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROBERT YEAR A. NICOLLS 07-27-93 10:40 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 03-07-05 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-20-2448 XXM 2 F 88 MONTHS DAYS HOURS YRS MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 816 **EVESHAM AVENUE** BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 816 **EVESHAM AVENUE** 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerio Rican, etc.)
1 
YES XXNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried XX Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) PRIVATE EDUCATION TEACHER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) ROBERT WILSON NICOLLS Ħ CATHERINE SHERMAN notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, 2 **FRANCES** D. NICOLLS (WIFE) 816 EVESHAM AVENUE, BALTIMORE, MD. 21212 pe 20a. METHOD OF DISPOSITION
1 Burlet ALA Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) GREEN MOUNT CREMATORY 7-28 BALTO., MD. 21202 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS Rutt 4905 YORK ROAD, BALTIMORE, MD. removal. 21212 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. intarvai Between 6 IMMEDIATE CAUSE (Final Onset and Death attending physician and completely fille mal Hygiene prior to burial, cremation, the disease or condition Receive event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ouary traumatic ease CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CO if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 has been signed by the atter Dept. of Health and Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 U YES XX NO 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 28. PLACE OF OEATH (Check only one) certificate h OTHER:
4 □ Nursing Home XXResidence 8 □ Other (Specify) HOSPITAL 1 YES XXNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA the 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with the 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED is marked, X1X Natural 5 Pending Investigation death v 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) L DIRECTOR: A pours after d COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

One) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the c TO THE HOSPITAL OF TO THE FUNERAL DIE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) 10 **▶**07-27-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) **JOSEPH** M.D., 7401 OSLER DRIVE, TOWSON, MARYLAND, 21204 D'ANTONIO a Day Man Anders

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Morth, Day, Year)
AUG 0 3 1993

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		ENTAL HYGIENI REG. NO.	_			
1	1. DECEDENT'S NAME (First, Middle, Last)	Newma		NEWMAN		2. DATE OF DEATH ON MONTH	- 02-93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  179-05-2139  9a. FACILITY NAME (If not institution, give str	1 M 2 □ F	35 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-10-08	P	RTHPLACE (State or Foreign unity) ENNSYLVANIA		
TOR	CHARLES TOWNE CAR				ONSVILLE	тн 	9c. COUNTY O	I MORE		
DIRECTOR	10a. STATE 10b. COUNTY	LTIMORE	10c. C	CATONS				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 715 MAIDEN CHOICE	LANE CR 40	15	10	21228		110000	S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 AMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DO W X X X	2 NO	If yes, sp	CENDENT OF HISPANIC pecify Cuban, Mexican, 8 2 NO Specify:		В	ACE — American Indian, lack, White, etc. pecify: WHITE		
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	(Give kind of the Do NOT	I'S USUAL OCCUPATION work done during me retired.)	ON	LAW ENFO		Y		
BE COMPLET	12 – 17. FATHER'S NAME (First, Middle, Lest) ARTHUR NEWMAN		POLICE	EMAIN	18. MOTHER'S NAME  EFFIE	E (First, Middle, Meiden		1		
TO E	190. INFORMANT'S NAME (Type/Print)  MARGARET E . NEWMAN				oice Lane					
	20a. METHOD OF DISPOSITION  1 □ Burlel 2 \( \text{ Cremation } 3 \ \ \text{ Permote } \)  4 □ Donation 5 □ Other (Specify)	val from State 20b	PLACE AND DATE OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHARLES OF CHAR	TEOF DISPOSITION (N or other place) REMATORY	8-03-9	1	CATION — CHY OF	Town, State E, MARYLAND		
	21. SIGNATURE OF FUHERIX. SERVICE LICE	) 😾	2					NERAL HOMES E, MD. 21228		
	23. PART I. Enter the diseases, or conshock, pr heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that cause clist only one ceuse on e	ach line.		ode of dyling, such	as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death		
z		0	CONSEQUENCE							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTIF	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significant conditions	contributing to deeth b	ut not resultin	g in the underlyin	g ceuse given in P	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
HYSIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:  1 Inpetient 2 ER/Outp  28s. DATE OF INJURY			ne 5 - Residence 6	Other (Specify)	IIII ACCIME			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	YES 2 NO	- 40				
ETED	3 Suicide S Could not be datermined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET		EIAN: To the best of my know t: On the bests of examination						re(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	and			29c. LICENSE NUMB	ER クトフ		MED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO									

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO			
1	1. OECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH MONTH D	AY	YEAR 3.	. TIME OF DEATH
	LUCILLE ELISE NICHOLI	JS			07-30-9	3	TEAR	M
			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	011-18-4482 1 M 2X F 80	YRS.			12-04-19	12		sachuttes
_	9a. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUN	NTY OF DEAT	тн
DIRECTOR	6028 Snow Crystal		Colum	bia		Hot	ward	County
ធ្ល	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c CITY TO	OWN OR LOCAT	ION			- Lu	od. INSIDE CITY
5	Maryland Howard County	100000111	Colu					LIMITS?
	10. STREET AND NUMBER			ZIP CODE		IAn CITI		T COUNTRY?
2	6028 Snow Crystal		"	21044			USA	COOMINT?
FUNERAL	11, MARITAL STATUS 12, WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DECI		NIC ORIGIN? (Specify Yes			American Indian,
L	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DAT.	3 JHO ES	If yes, spe	cify Cuban, Maxica 2 NO Specif	n, Puerto Rican, etc.)	100	Black, V Specify:	Vhite, etc.
B	3			X			opeany.	White
ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	done during mos	N It of working	16b. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	Illa. Do NOT use re	tired.)					
COMPL	unknown	Teache	r		Mass.		001 5	System
- 8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden			
H H	Louis A. Comeau			Marga		1elar		
2					Route Number, City or Tow		,	
	Ms. Jan Goudreau 20a METHOD OF DISPOSITION 200 P				Columbia			
		LACEAND DATE OF D	place)	ne of	8-2-93 B	CATION —	City or Town	, State
	21. SIGNATURE OF FURERAL SERVICE LICENSEE	permo	10 Cen	D ADDRESS OF FA	8-2-93 B	elmo	nt,	MA
	11/1/1/1/1/1/		Sla	ck Fune	eral Home			
	Thurseller flat	M00535	E11	icott (	City, Mar	:ylar	nd 21	.043
	23. FARY I. Enter the disease, or complications that caused to shock, or heart fellure. List only one cause on each	he deeth. Do not h line.	enter the mod	le of dying, auc	h as cardlec or reep	ratory em	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	A Ann	- 1				Onset and Death
	resulting in death) e. 100 100	sem	Cush	190				
	DUE TO (OR AS A C	ONSEQUENCE OF):						
HIFICATION	Sequentially list conditione, Due to (on as a c	ONSEQUENCE OF):						
4	If any, leading to immediate cause. Enter UNDERLYING							
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A C	ONSEQUENCE OF):						
E	resulting in death) LAST							
S	PART II. Other significant conditions contributing to death but	not ensulting to ti	ha confactulos	comme others in	Dect I am made	***	1	1
8 8	Homelton	mor resummy in th	ne underlying	cause given in	Part I. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO
	100				1 □ YES 2	□ NO		DEATHY
¥					-8		*1	☐ YES 2 ☐ NO
A N	25. WAS CASE REFERRED TO MEDICAL		20.00	Of DE DEATH O				
PHYSICIAN:	EXAMINER?  1 ☐ YES 2 ☐ HOSPITAL:  1 ☐ inpution: 2 ☐ ER/Output		THER:	CE OF DEATH (Ch	of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th			
	27. MANNER OF DEATH 28s. DATE OF INJURY	28h, TINE OF	Nursing Home 28c. INJU		B C Other (Specify)  28d. DESCRIBE HOW II	LEWY OCC	YESEN	
	1 Matural S Panding (Month, Day, Year)	INJURY	WOR			4011 000	Orași.	
2 2	3 Suicide a Control 28e. PLACE OF INJURY -	At home, farm, stree	200		28f, LOCATION (Street)	and Number	or Rural Rout	n Mumber
3	4   Homicide determined building, etc. (Specify				City or Town, State)			
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled	las, death occurred at	the time, date of	and place, and due	to the country and man			
٤	one) 2 MEDICAL EXAMINER: On the basis of examination a							od manner as stated.
- 11	291 SIGNATURE AND JUDGE OF CERTIFIER			29s. LJCENSE NUN			E SIGNED (M	1
n	X GOO VALLETTALLY		-1	1-44	012	D T	7/30	757
2	38. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Prin	11)	03 710	O .		1-1	12
	How Durian 11	OST L		Estrus 1	moley 1	du	him	MIS
7/	31. DATE FILED (Month, Day, Year)  AUG 0 3 1993	URE			0	- www	10.00	v vv
-	AUG 0 3 1993 Sulis Kuiden	apple the						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-turnant be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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page 5 should be

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEAL DIRECTOR: After this certificate has been slighted by the attending physician and complete be field within 72 hours after death with the State bett, of Health and Mental Hygiene prior to build; crema iMPORTANT: If Hean 28 is marked, or Hean 23 shows any Injury, or other traumatic event,
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22406 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN DAY 1993 YEAR EDDIE AUGUST 1, PARKER 3:45 p.m M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Mg)(th. Day. Year) 2 - 28 - 49 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 | F HOURS SOUTH YRS. 251-84-3354 CAROLINA 9s. FACILITY NAME (If not Institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY maryland baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 UNITED STATES 2122 CLIFTWOOD AVE. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY Spec#BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9TH UNEMPLOYED 17. FATNER'S NAME (First, Middle, Last)
JAMES COLDWELL 18. MOTHER'S NAME (First, Middle, Maiden Surname) RUTH PARKER te BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUTH FORD 2122 CLIFTWOOD AVENUE, BALTO.MD 21213 pe 20s. METHOD OF DISPOSITION

1 Ø Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must VOSHEL MEMORIAL 8-7 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. \$101 E.NORTH AVE. or removal. event, the medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each iina. intarval Between IMMEDIATE CAUSE (Finel Onset and Death attending physician and completely fille intal Hygiene prior to burial, cremation, disease or condition resulting in deeth) asplration 4-5 hrs OUE TO (OR AS A CONSEQUENCE OF): circhosic traumatic 1-2 years Sequantially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE variced bleed, anemia, 1 YES 2 NO shows 1 YES 2 NO has been Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH this c 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural After BY

1 YES 2 NO 28s, PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Och F. detak ins T3067 8/1/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ottluk Johns Hopkins Hospital Baltlmare 22, REGISTRAR'S SIGNATURE 3 1993 DHMH-16 Rev 1/89

There has been a second to the

		FOR
1	-	STATE
		REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	2. DATE OF DEATH YEAR 3		3. TIME OF DEATH	
BERNICE		POR	TER			- mon	7-30-	93	TEAR	11 6
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id		IF UNDER 1 YE	EAR IF UNDER 24 HRS		th, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
220-22-6105	1 M 2 X F	67	YRS.			10	)-5-25			S.C.
99. FACILITY NAME (If not institution, give street and number) FRANCIS SCOTT KEY MEDICAL CENTE					WN OR LOCATION OF LTIMORE	DEATH		9c. COU	NTY OF D	EATH
RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	DF DECEDENT  10b. COUNTY			Y. TOWN OR L	OCATION					10d. INSIDE CITY
MD				LTIMOR	Œ					LIMITS?  1XXYES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
2523 SYCAMORE A					21219			U	.S.A	
1 Never Married 2 Merried 3 W Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 X			If yo	B DECENDENT OF HISP BB, specify Cuben, Mex YES 2 NO Spe	icen, Puerto	n, Puerto Ricen, etc.) Blee			E — American Indian, r, White, etc.
15. DECEDENT'S EDUCATION 16e.				USUAL OCCU		16	b. KIND OF BUS	SINESS/INI	DUSTRY	DEFICIO
(Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)				work done durin se retired.)	ng most of working		PRIVAT	E DU	TY N	URSE
17. FATNER'S NAME (First, Middle, Last) LEROY THOMAS			16. MOTHER'S			Surname)				
19e. INFORMANT'S NAME (Type/Print)	MAGGIE MOORE  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
FRANSONTA OWENS	2530	POPES	LANE/BALT	IMORE	E, MARY	LAND	212	<u>1</u> 9		
20e. METNOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Re				OF DISPOSITIO	N (Neme of	DA	TE 20c. LO	CATION -	City or To	wn, State
4 Donation 5 Other (Specify)			rematory or o	ther plece)	ERY		BA	LTIM	ORE,	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAN	ME AND ADDRESS OF	FACILITY				
	V /	>	~	TATM	C MARCH F	H /1	101 E	NOR	TH A	VENUE
23. PART I. Enter the diseases, of shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	ise on sach iln	ls.	not satsr the		uch as ca	disc or respi	iratory an	rest,	Approximate interval Between
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snock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. DUE TO  b. DUE TO  c. DUE TO	(OR AS A CONSI	EOUENCE O	F):  in the under	mods of dying, and Car	dia	24a. WAS AN PERFOR	AUTOPSY MMED?	rest,	Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Include the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HONTHAUGUST 1, 1993 3. TIME OF DEATH Bertha Pfeifer 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 19.19 County) aryland IF UNDER 1 YEAR IF UNDER 24 HRS 74 217 09 0532 DAYS HOURS MIN 1 M 2 X F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1103 Middleway Rd. Apt. 2B Middle River Baltimore RESIDENCE OF DECEDENT 10b. COUNTY Baltimore Maryland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 - NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1103 Middleway Rd. Apt. 2B 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
It yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
Takes kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)
Bertha Lacey Edward M. Napfel 19a. INFORMANT'S NAME (Typo/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2939 Cunning Hill Cove Rd. Baltimore, MD 21220 Bernadette L. Kowalski, Daughter 20a. METHOD OF DISPOSITION

1 M Juriel 2 Cremitation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE of 120 Pk. 8/4/98 20c. LOCATION - City or Town, State Howard Co. MD 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore 23, PART I. Enter the disesses, or co ns that euaed the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart fellure. Lift only Interval Between IMMEDIATE CAUSE (Final Probable Myocardial Infarction

DUE TO (OR AS A CONSEQUENCE OF):

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DUE TO (OR AS A CONSEQUENCE OF):

Centisted Deabetes Mellitus Onset and Death disease or condition resulting in death) CERTIFICATION Sequantially list conditions, If any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TES 2 TINO 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 6 C Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED a Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

> Back River Neck Rd Bourmore RAMEJA SOBAPAG MIN 32. REGISTRAR'S SIGNATURE AUG 3 1993

D 30641

29d. DATE SIGNED (Month, Day, Year)

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Pages 1, 2, 3 should

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9a. FACILITY NAME (If not institution, give street and NORTH ARUNDEL HOSPIT RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND ANNE ANNE ANNE ANNE ANNE ANNE ANNE A	EX 6. AGE ( 52 ord number)  FAL ASSOCI  ARUNDEL  WAS DECEDENT EVER II ORCES? 1/2 YES  E YES, GIVE WAR OR D.  1 teled)  age (1-4 or 5 +)  NE  Om State 200	PA (In yrs. lest birthdey) YRS.  [ATION  10c. Cn PA  N U.S. ARMED 2	SADENA  13. WAS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO OR LOCATION OF DE BURNIE  DOCATION  101. ZIP CODE  21.1.2.2  DECENDENT OF HISPAN, specify Cuben, Maxicas VES 2 K) NO Specify  ATION I most of working  16. MOTHER'S NAIRUTH  Det and Number or Rural F	7. DATE OF BIRTH (Month, Day, Year, 2 – 9 – 1.94  ATH  SIC ORIGIN? (Specify n, Puerto Rican, etc.)  16b. KIND OF FIRS!  ME (First, Middle, Make)  Route Number, City or	IDAY 900 PA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBERS // INCOMPA POR SUMBER	ИИУ
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JAMES PATTON  19a. INFORMANT'S NAME (Type/Print)  BERNADETTE PATTON  20a. METHOD OF OISPOSITION  1 M Burlai 2 Cremation 3 Removal fro  4 Donation 5 Other (Specify)	om Stata ceq	96 WI	LEY'S I	RUTH set and Number or Rural F	Route Number, City or	MARR	Code
BERNADETTE PATTON  20a. METHOD OF GISPOSITION 1 © Burlel 2 Cremellon 3 Removal fro 4 Donetton 5 Other (Specify)	om Stata ceq	96 WI	LEY'S I			Town, State, Zip (	Codel
1 🔯 Burial 2 🗆 Cremation 3 🗆 Removal fro 4 🗆 Donation 5 🗆 Other (Specify)	om Stata ceq		THE RESERVE	MIND, IRON	DENA, MD.		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- /				10/6		City or Town, State RE, MARYLAND
23. PART I. Enter the disease, or compile shock, or heart failure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)	metar	each lina.	Srain	r Tumo		spiratory arre	Approximate interval Betwood Onset and De Sandal
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):				
PART II. Other significant conditions cont	tributing to death b	out not resulting	In the underl	ying cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO
	SPITAL:	patient 3 NOA	OTHER:	. PLACE OF DEATH (Che			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED
E PECIOCIA	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm, cify)	street, factory, o	office	281. LOCATION (Stree City or Town, St		or Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On III							
290. SIGNATURE AND TITLE OF CERTIFIER	1	M.D.	178	25c. LICENSE NUN. D204.		29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMP LONG S. HSU, M.D./1.				N BURNIE,	MARYLAND	21061	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in ThE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
5	1. DECEDENT'S NAME (First, Middle, Last)  LOUISE E. F	LOUISE E	LIZABETH	PRUETT	2. DATE OF DEATH7 3 ( MONTH DAY  0 X - 30	0-1993 : - 93	1330 M		
	4. SOCIAL SECURITY NUMBER 213-03-9376	5. SEX 6. AG	-	UNDER 1 YEAR SF UNDER 24 HRS. HTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) 04-01-1916		LACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give structure) 521 SOUTH MONTEREY		98	ODENTON		9c. COUNTY OF DEATH ANNE ARUNDEL			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  AN	NE ARUNDEL		OWN OR LOCATION ODENTON			IOd. INSIDE CITY LIMITS? VES 2 1 NO		
	10a. STREET AND NUMBER 521 SOUTH MONTEREY	AVENUE		101. ZIP CODE 21113	10	109. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	3 2 X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:			- American Indian, White, etc. WHITE		
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S USE	IAL OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT use re		OWN HOME				
BE CON	17. FATHER'S NAME (First, Middle, Last) LUDWIG GUTENKO	)		18. MOTHER'S N ROSE	AME (First, Middle, Meiden Sum SOBOLI	.,			
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. PATRICIA R. E	LSNER	196. MAILING AD 102 BRO	DRESS (Street and Number or Rura DTHERTON COURT	Route Number, City or Town, St., HAVRE DE GI	mte, Zip Code) RACE, MD	21078-140		
	20s_METHOD OF DISPOSITION 1	rail from State	Db. PLACE AND DATE OF D emetery, cremetery or other NICHOLS BE	HEL UNITED ME	THI 993 ODEN	ON — City or Town	n, State RYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE C	HURCH CEME'	ERNAME AND ADDRESS OF F	SINGLETO				
	23. PART I. Enter the diseases, or co	molications that cause	ed the deeth. Do not				Approximate		
	shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	Acute C	each Nne. ardiac Ir	sufficiency			Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Diabetic Heart Disease  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
8	PART II. Other algnificant conditions								
MEDICAL	Hypertension,				1 Part I. 24a. WAS AN AUTH PERFORMED 1 TYES 2 X	NO 0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		
AN	25 WAS CASE REFERRED TO MEDICAL								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  13 YES 2 NO OTHER:								
BY PHYSICIAN: ME	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify)  27. MANNER OF DEATH  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED								
	2 Accident Investigation 3 Suicide 8 Could not be determined determined  28a. PLACE OF INJURY — At home, ferm, street, factory, office City or fown, State)  28f. LOCATION (Street and Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural								
COMPLETED				the time, date and place, and du my opinion, death occured at th			and menner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CENTIFIED	100	Depu	-		d. DATE SIGNED (A			
		es, M.D.	P.O. Box		, Md. 207	11			
	AUG 3 1993	92. REGISTRAR'S SIG	- Mandalla						

FOR STATE

BALTIMORE, MARYLAND 21215-002 s after death. Page 6 may be retained by the hospital or attending my by the funeral director, page 5 should be detached for use as the mini-

DIVISION OF VITAL RECORDS, P.O. BOX 68766.

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 6	4. SOCIAL SECURITY NUMBER 212-74-1201	5. SEX 6.	. AGE (In yrs. lest birthday) 94 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) UGUST 28,	1898	HRTHPLACE (State or Maryland
e o	90. FACILITY NAME (If not institution, 3900 North Charles		96. CITY, TOWN OR LOCATION OF DEATN Baltimore			9c. COUNTY OF DEATH		
DIRECTOR	nesidence of deceden  10a. state  Maryland		10c. CITY	y, town or Location Baltimore			10d. INSIDE CITY	
FUNERAL (	100. STREET AND NUMBER 3900 North Charles	t 309	101. ZIP CODE 21218			1/∆ YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specific Management of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the			fy Yea or No — 14, RACE — American Indian,	
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of work o retired.)	ing	16b, KIND OF BUS		RY
	17. FATHER'S NAME (First, Middle, Les Charles	Merritt		18. MOTNER'S NAME (First, Middle, Malden Surname)			Sumame)	
TO BE	190, INFORMANT'S NAME (Typo/Print) M. Clayton Roop Jr			Kate Lynch  ILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Coventry Road Towson, Maryland 21204				
	IMMEDIATE CAUSE (Final	en Xenakis	M00640	22. NAME AND ADDRE	oad Balt	imore, Mary	/land 212	212
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI	R AS A CONSEQUENCE OF	geno	. +	4 4 12/1/8 11. 24a. WAS AN PERFORM 1   YES 2	MED?	S / L S / S / L S / S / L S / S / L S / S /
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condexaminer?  1	AL HOSPITAL:  1 Inpetient 2 E  2ee. DATE OF IN. (Month, Dey.  2ee. PLACE OF is building, etc.)  PNYSICIAN: To the best of my	path but not resulting in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	26. PLACE OF OTHER: 4   Nursing Nome 5   FOR 28c. INJURY AT WORK? 1   YES 2 treet, factory, office d at the time, date end place n, in my opinion, deeth occur	DEATH (Check lesidence 6 [ 28  NO 28	only one)  Other (Specify)  Id. DESCRIBE HOW IN  City or Town, State)  The cause(e) end man  e, date and place, end	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	CATHERINE 1	M ROZ	ANOW.	SKI		2. DATE OF MONTH	DAY	YEAR 3	G-45 AM M	
	A SOCIAL SECURITY MIMBER	4 ADE (la /	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRTHPL	ACE (State or Foreign	
	217-14-92291 M 25		YRS.	MONTHS DAYS	HOURS MIN.	08/12/	23		nigan	
R	90. FACILITY NAME (If not institution, give street and number HAR BOR HOSPITAL C		OR LOCATION OF D	PEATH		TY OF DEA	TH MORE CITY			
CTC	RESIDENCE OF DECEDENT								VIORE CITY	
L DIRECTOR	Maryland Anne Aru	nover	OVEY				Dd. INSIDE CITY LIMITS?  YES 2 X NO			
FUNERAL	10s. STREET AND NUMBER			101	101. ZIP CODE 10g. CITIZEN C					
SNO	7407 Mulberry Road  11. MARITAL STATUS  12. WAS DEC	EDENT EVER IN U.S. A	RMED	13. WAS DEC				S.A.		
ВУ		7 1 YES 2 NIVE WAR OR DATES		If yes, sp	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black,			Black, V Specify:	American Indian, White, etc. White	
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. D	Give kind of wo	ISUAL OCCUPATION OF MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	UAL OCCUPATION 16b. KIND OF BUSINESS/INDUS1 done during most of working stirled.)			USTRY		
COMPLETED	12th Grade	Coneda (1-4 0) 2+)			fe Home Maker					
BE CO	17. FATHER'S NAME (First, Middle, Last) George	Cochin			J.,0	D. MOTHER'S NAME (First, Middle, Melden Surname)  I.ottie				
5	190. INFORMANT'S NAME (Type/Print) Frank Rozanowski	t	96. MAILING A 7407 M	lulberry	nd Number or Rural Road	Route Number, ( Hanov	city or Town, State, Zip rer, Mary]		21076	
	20a. METHOD OF DISPOSITION 1 ◯X Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	er place) L Cemete	emetery 8/2 Baltimore, Mar							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AN	D ADDRESS OF F	ACILITY	eral Home		-			
	Juone grami			4001	Ritchie	Hwy.	Baltimore	, Md		
	23 PART I. Enter the diseases, or complication ehock, or haert feliure. List only one	e thet ceused tha december ceuse on aach lin	leath. Do no	t enter the mo	de of dying, suc	ch ea cerdiac	or reapiratory erre	eat,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	HYDOG	Parce	MARTHA	PAY				Onset and Death	
	disease or condition a. L HYDRO PIVEUMOTHORAX  DUE TO (OR AS A CONSEQUENCE OF):  NETASTATIC LUNG CANCER  4 WEE									
NO	Sequentially list conditions,	METASTA	TIC 1	LUNG.	CANCE	R			4 WEEKS	
CAT	If any, landing to immediata cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
S	d									
SA S	PART II. Other algorificent conditions contribution  HYPONATREMIA	g to deeth but not	resuiting in	the underlying	cause given in	Part i. 24s	. WAS AN AUTOPSY PERFORMED?	AV	ERE AUTOPSY FINDINGS BILABLE PRIOR TO	
MEDICAL	ATRIAL FIBRIL	1 00 1001			1 T VES		YES 2 1 NO		OMPLETION OF CAUSE F DEATH?	
	THIRIT TIBLE	CATION .						1.	YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (C	neck only one)				
YSI	1 TYES 2 NO 1 Inputlent	2 ER/Outpatient	3 DOA		5 - Residence	6 Other (Sp	ecity)			
ву Рн		TE OF INJURY nth, Day, Year)	26b. TIME INJU	RY WO		28d. DESCRIE	BE HOW INJURY OCC	URED	-	
COMPLETED	3 Suicide 6 Could not be determined	CE OF INJURY — At hiding, atc. (Specify)	ome, term, str	eet, tactory, office	, tactory, office 261. LOCATION (Street and Number of City or Town, State)		or Rural Rout	e Number,		
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bo	est of my knowledge, d	eath occurred	at the time, date	end place, end due	to the ceuse(s	) end menner ee atate	d.		
SO	one) 2 MEDICAL EXAMINER: On the basis	of examination end/or	inveatigation,	In my opinion, de	eath occured at the	time, date end	place, end due to the	ceuse(e) er	nd menner ee stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	MD			AC 7 LL	MBER 1614	-46 DATE	SIGNEO (M.	onth, Day, Year)	
2	Jalun 82/00 30. NAME AND ADDRESS OF PERSON WHO COMPLETED HARBER HOS	CAUSE OF DEATH (ITE	EM 27) (Type, P	rint)	1 6	7	70	1/20	173	
	HARBOR HOS  31. DATE FILED (Month, Day, Year)  ALL CO. 2 1002	PITAL C	ENTE	R 380	1, S. HA	MOVER	ST. BAL	Timbi	KE MD.	
19	All 1 0 0 1002 2 16 1	rida Dada								

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Da) 2-7-	HRTH y, Year)	8. BIRTH Country	
	212-07-8064 9a. FACILITY NAME (If not institution, give	Δ	76	YRS.	9b. CITY. TOWN	OR LOCATION OF D			DUNTY OF DE	MARYLAND
OR		SINAI HO	OSPITAL			LTIMORE	CAITI		TORT I OF DE	zain.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN			10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND					IMORE				LIMITS?
FUNERAL	100. STREET AND NUMBER	DE DD AI	OT 404D		10	101. ZIP CODE 21209			TIZEN OF W	THAT COUNTRY?
JNE	3021 FALLSTA	12. WAS DECEDENT	T EVER IN U.S. ARM	4ED	13. WAS DE	CENDENT OF HISPA		necify Yes or No		- American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 N	0	If yes, s	secify Cuben, Mexic 3 2 NO Speci	an, Puerto Rican	ı, etc.)	Black Specif	, Whita, atc.
8	15. DECEDENT'S EC		(Gh	e kind of v	USUAL OCCUPAT	ON ost of working	16b, KIN	D OF BUSINESS/I	NDUSTRY	10-33-31
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	Ha	Do NOT us	PHARMAC			DR	UGS	
CO	17. FATHER'S NAME (First, Middle, Last)					- Charles	AME (First, Middle	s, Maiden Sumame	)	
BE	RERN  19a. INFORMANT'S NAME (Type/Print)	ARD ROS	SENTHAL	MAII INC	ADDRESS (Switz	and Number or Rural	ETHE		YSTAL	
5	MRS ESTHER	ROSENTHAT.	100			PAFF RD.			TO.,	MD 21209
	20a. METHOD OF DISPOSITION 15 Aburlal 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		20b. PLACE A		OF DISPOSITION (A	ame of	DATE	20c. LOCATION	— City or Ton	wn, Stata
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I				MEMORIA	L PARK	8-12-93			WN, MD
	> Cou. 11/6	Jui.		-		REISTERS'	20			BROS., INC D 21215
	23. PART/I./Enter the disesses, or shock, or heart fallung	complications that	ceused the dec	eth. Do r						Approximete
CERTIFICATION	IMMEDIATE CAUSE (Finel disesse or condition resulting in death)  Sequentisliy list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO	COR AS A CONSEO	UENCE O	F):	G CA	NCEF	₹		Onset and Death
MEDICAL	PART II. Other significent condition	ons contributing to	deeth but not re	sulting	In the underlylr	g ceuse given in		. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 NO	HOSPITAL:				ne 5 🗆 Rasidence	6 Other (Sp.	ecify)		
ву РН	27. MANNER OF DEATH  1 N Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		26b. TIM	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIE	BE HOW INJURY (	CCURED	
	3 Suicide 8 Could not b 4 Homicide detarmined	28e. PLACE Of building,	F INJURY — At hore etc. (Specify)	ne, farm, :	street, factory, offi		28f. LOCATIO	N (Street and Numi wn, State)	ber or Rural R	oute Number,
COMPLETED	opel	SICIAN: To the best of NER: On the basis of ax					1			and manner as stated.
B	GNATURE AND TITLE OF CERTIFICACION OF CERTIFICACION OF COMPANY	K. Day	isl m	12		29c. LICENSE NU	MBER	29d. D	ATE SIGNED	(Morth, Day, Year)
8	NAME AND ADDRESS OF PERSON V	- 1/	DAUIS	27) (Type	, Print)				1/3	1.5
1	31. MATE PLED (MONIN, Day Year)	W -22 DECHOTEAN	R'S SIGNATURE		T P					
4	nou 3 1993	grain Drives	on-Randall	2						

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BALTIMORE, MARYLAND 21215-0029	24 hours after death. Page 6 may be retained by the hospital or attending physical	y filled in by the funeral director, page 5 should be detached for use as the building pay ition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or animoting physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained by use as the built has been signed by the attendance of the built and Mental Hydrene order to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.					
COMPLETED BY FUNERAL DIRECTOR	1. DECEMENT'S NAME (First, Middle, Last) ROSE MAR	ROSE MARY RIDGLEY		2. DATE OF DEATH 7	2. DATE OF DEATH 7/25/93 3. TIME OF DEATH MONTH, 07 25 93 10:50 A M	
	212-32-2389 1□M2 VF	1 M 2 F YRS. MONTHS DAYS HOURS MIN		7. DATE OF BIRTH (Mageh, Day, Year) 2	8. BIRTHPLACE (State or Foreign Country) Maryland	
	99. FACILITY NAME (If not institution, give street and number)  So. COUNTY OF DEATH  LOVIED NUTSING + Rehabilitation Center Columbia Howard.  RESIDENCE OF DECEDENT				9c. COUNTY OF DEATH HOWArd	
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?				10d. INSIDE CITY LIMITS? 12 YES 2 NO	
	3598 Mt. Ida Drive		101. ZIP CODE 210	43	10g. CITIZEN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 □NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No- 14. RACE - American Indian, Black, White, etc.  Specify: African-	
	Elementary/Secondary (0-12) College (1-4 or 5+)		is during most of working		NESS/INDUSTRAINELICAN	
MP	12th	Homemake		Domes		
8	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden S	Jumame)	
BE	Charles Milton Young			Margaret Cook		
2	Ms. Mary C. Kelly  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3598 Mt. Ida Drive, Ellicott City, MD 21043					
	1 1 Burlei 2 Cremation 3 Removal from State	b. PLACE AND DATE OF DISP imetery, crematory or other pla	ce)		ATION — City or Town, State	
	4 Donation 5 Other (Specify)	<u>Western St</u>	ar Cemeter	7/30/93	Catonsville,MD	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		Slack Fune: Ellicott C:	ral Home,		
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS	each line.			interval Between	
	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					
						PART II. Other significant conditions contributing to death
	11. (1 - 0 - 11.11.01)				1 G YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:					
	1 PES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED					
	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only One)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER    D3 15 75   P 7 26/53					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (UTEM 27) (Type, Print)  LOLDDRUBET & 950/ Old Arrapoles ld. Efficit City MO  31. DATE FILED (Morith, Day, Your)  32. REGISTRAR'S SIGNATURE					
5 AUG 0 3 1993 Julie Deviden Pondere					21042	

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.			
	Gwynn Ler	oy Radcli	ffe		2. DATE OF DEATH 07-28-19	93 YE	ar 1812 M	
4. SOCIAL SECURITY NUMBER 705-10-9366	1 <u>√</u> 2_M 2 □ F	79 YRS. MO	NTHS DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-30-19	13 P	INTERPLACE (State or Foreign country) ennsylvania	
9a. FACILITY NAME (If not institution, give in 3106 Rogers Aversidence of decement	ELECTION.	91	Ellico			ec. county	rd County	
	rd County		own or location licott				10d. INSIDE CITY LIMITS? 1 YES MYNO	
100. STREET AND NUMBER  3106 Rogers Av  11. MARITAL STATUS				210		U	OF WHAT COUNTRY?	
1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 NO	If yes, specif	DENT OF NISPAN y Cuban, Mexicar Modelly ND Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	and the second second	done during most of tired.)		16b. KIND OF BUS		RY	
unkno	wn	Railroa	d Engi	neer	Pataps	CO & :	Back River	
17. FATNER'S NAME (First, Middle, Last) ROSCOE	R	adcliffe			Jane Ke			
19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town			
Ms. Garnet A.	Radcliffe	3106 R	ogers A	Avenue	,Ellicot	t Cit	y,MD 21043	
20a. METNOD OF DISPOSITION 10. Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND DATE OF E emptery, crematory or other St. John	isposition (Neme of place)  S Cemet	tery 7	DATE 20c. LOC -31-93 E	CATION — City of 111CO	tt City, MD	
21. SIGNATORY OF FUNERAL SERVICE LIC	CENSEE /	M00535	Slac	Fune	ral Home ity, MAr	, P.A	•	
iMM/EDIATE CAUSE (Final disease or condition reaulting in death)	BUE TO (DR AS	S A CONSEQUENCE DF):	to the	neck	-selfinfl	icted	Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	B A CONSEQUENCE OF):  B A CONSEQUENCE DF):						
	d							
depression, myscandial infanction, mothroat  PERFORMED?  1 YES 2 MND  OF DEATH						24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 D YES 2 NO.  1 D YES 2 NO.  1 D YES 2 NO.								
1   Inpettent 2   ER/Outpettent 3   DOA 4   Nursing Home 5   Anadence 8   Other (Specify)  27. MANNER OF DEATH  28a. DATE DF INJURY (Month, Dey, Near)  1   Natural 5   Pending   Pending   Pending   Nursing Home 5   Anadence 8   Other (Specify)  28b. TIME OF   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NURSY   NU							shotwood	
2 Accident Investigation 3 Succide a Could not be detarmined City or Yown, State)  28e. PLACE DF INJURY — At home, farm, streat, factory, office building, etc. (Specify)  28e. PLACE DF INJURY — At home, farm, streat, factory, office City or Yown, State)								
	CIAN: To the best of my kno R: On the basis of axaminat						see(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIES	1.1/(	DEATH (TEM 27) (None Pri	E, MO 29	D314	BER 73	29d. DATE SIG	NED (Morith, Dey, Year)	
PATHLEA. TOLE	mo 4565	HEMLOCK		w AT	EURUT	UTTA	m 21042	
AUG 0 3 1993	32. REGISTRAR'S SIG							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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the hospital or attent detached for use as	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  MPOGRIANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at a	

			OTHERNY OF	HEAITH AND	MENT	AL HYGIEN	ΙE			
1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	FICATE OF	DEATH	J WILLY IS	REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Last)	1					E OF DEATH			3. TIME C	F DEATH
MARGARET THE	RESA SUSA	A			MON 7	'''- 31 [°]	<b>-</b> 1	993	2:	11 a
4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birthday)		IF UNDER 24 HR		E OF BIRTH		8. BIRTH	PLACE (St	
202-12-1171	1 🗆 M 2 🔀 F	78 YRS.	MONTHS DAYS	HOURS MIN		-25-19	915	Country	" PA	•
9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
7 ORKNEY CT.			В.	ALTO.						
10e. STATE 10b. COUNT	ry	400 000	TY, TOWN OR LOCA	7.01						
	MORELAND	100.01	II, TOWN ON LOCA	CLION					10d. INSII LIMI	rs?
10e. STREET AND NUMBER			10	Of. ZIP CODE			10g. CIT	IZEN OF W		-
RD 1 BOX 324	LATROBE,	PA.		1565	0		1 77	.S.A		
11. MARITAL STATUS	12 WAS DECEDENT E	VED IN ILE ADMED	13. WAS DE	CENDENT OF HIS	PANIC ORIG	IN? (Specify Yes		14. RACE	- Americ	an Indian,
1 Never Married 2 Married	FORCES? 1 []	OR DATES		pecify Cuben, Me: S 2 NO Sp		Rican, etc.)		Black Specif	, White, at	C.
3 Wildowed 4 Divorced	19825			<b>JA</b> (1) 97				GD4C#		ITE
15. DECEDENT'S EDI (Specify only highest grad		16e. DECEDENT'S	WORK done during m	ION post of working	16	b. KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	ise retired.)							
	4	HOSPI	TAL CO	OK		COOF	K			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First.	Middle, Maiden	Surneme)			
JOHN A. PAVE	<u>L</u>					KROVA				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Ru	ral Route Nur	nber, City or Tow	rn, State, Zip	p Code)	-	
JUDITH ANN KAI	PHAMMER	7 0	RKNEY (	CT. BA	LTO.	, MD. 2	2121	2.		
20s. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Ren	nort from State	20b. PLACE AND DATE	OF DISPOSITION (A	lame of	DA	TE 20c. LO	CATION -	City or Ton	vn, State	
4 Donation 5 Other (Specify)	NOVEL FROM State	ST. VIN	other place)							
		DI. ATM	CENTS		18 /	3 LAT	TROB	E.PA		
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1 21. ATM	22. NAME A	ND ADDRESS OF			rrob			
21. SIGNATURE OF FUNERAL SERVICE LI	R. Park	it	22. NAME A	ENRY W	FACILITY JEI	NKINS D. BAI	& S	ONS ,MD	co.	12.
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, or shock, or heert failure.	R. Var.	sused the death. Do	22. NAME A	ENRY W	FACILITY JEI	NKINS D. BAI	& S	ONS ,MD	CO. 212	roximate
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ORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7. nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-3 mours after deat TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical example.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the number of permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ill or r	S H	21	27
G PHYSICIAN: The law requires that the death certificate be executed witth. —nours after death. Page 6 may be retained by the hospital or —minute permit. Pages 1, 2, 3 should this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the funeral man Merital Hygiene prior to burial, cremation, or removal.  In the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  In the state Dept. or the state of the funeral manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manual manua	TO BE COMPLETED BY FUNERAL DIRECTOR		DICAL CERTIFICATION	SICIAN: ME	у РНУ
G PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number of the permit. Pages 1, 2, 3 should atth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	niner must be notified at once.	ent, the medical exa	any injury, or other traumatic eve	r item 23 shows	narked, o
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			NTAL HYGIEN	_	
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MEDICAL	PART II. Other significent conditions of			underlying cau	ise given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:		IOSPITAL:		28. PLACE OF DEATH (Check only one 3 DOA 4 Nursing Home 5 Presidence 8 Other				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF NJURY AT WORK? 1 YES 2 NO 28d.  At home, lerm, street, factory, office 28i. 1			81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
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COMPLEIED	anal	IN: To the best of my knowledg						se(a) and manner se stated.
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Bout		A	LICENSE NUMBE	545		NED (Month, Day, Year)
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	31. DATE FILEDY/ARINE Day, Year)	32. RESSTRAR BOIGNATU	n-Aandell					

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)  DANIEL  J. STALLINGS  1. ADE OF DEATH ADDRESS ASSET ASSOCIAL SECURITY NUMBER 215 32 0771 1							
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215 32 0771  1 M 2 F 93 YRS.  MONTHE DAYS HOURS MINN.  98. FACILITY NAME (If not Institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION  RESIDENCE OF DECEDENT  109. STATE  109. COUNTY  Maryland  Anne Arundel  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. S							
NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  A.A. CORRESIDENCE OF DECEDENT  10s. STATE							
TestDence of Decedent   10s. State   10s. County   10s. City, Town or Location   Pasadena   10s. Street   10s. State   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. Street   10s. St							
10c. STATE   10b. COUNTY   Anne Arundel   10c. CITY, TOWN OR LOCATION   Pasadena   10d. INSI   Limit   1   ves   10d. INSI   Limit   1   ves   10d. STREET AND NUMBER   10f. ZIP CODE   10g. CITIZEN OF WHAT COUNTY   10d. INSI   1   ves   2   No   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. INSI   1   ves   2   No   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. National Post of What I   1   ves   2   No   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. ZIP CODE   10d. CITIZEN OF WHAT COUNTY   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10d. ZIP CODE   10							
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191. STREET AND NUMBER 1910 Main Avenue  109. CITIZEN OF WHAT COUNTY OF THE STANKS OF COUNTY OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE STANKS OF THE							
1910 Main Avenue  21122  U.S.A.  11. MARITAL STATUS    Never Married   2   Married   12. WAS DECEDENT EVER IN U.S. ARMED FORCES?   1   YES   2   NO   15 yes, specify Cuban, Maxican, Puarto Rican, etc.)   14. RACE — Americal Processory of Yes or No   15 yes, specify Cuban, Maxican, Puarto Rican, etc.)   15. DECEDENT'S EDUCATION (Specify only highest grade completed)   16. DECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working life. Do Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not use reliable in the Not Not Not use reliable in the Not Not use reliable in the Not Not Not Not use reliable in the Not Not use reliable in the Not Not Not Not use reliable in the Not Not Not Not Not Not Not Not Not Not							
1   Never Married   2   Married   FORCES?   1   YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   If YES   2   NO   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: White set   Specify: Specify: White set   Specify: Specify: White set   Specify: Specify: White set   Specify: Specify: Specify: White set   Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify							
College (1-4 or 5 +)   College (1-4 or 5 +)   Proprietor   Stallings Coffee College (1-4 or 5 +)							
17. FATHER'S NAME (First, Middle, Last)  John Stallings  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Sarah Tarlton  19a. INFORMANT'S NAME (Type/Print)  Janet Sullivan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3496 Logan View Drive Dundalk, Maryland 21  20a. METHOD OF DISPOSITION  1 N Burla! 2 Cremation 3 Removal from State  4 Donation 8 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Cremation of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crematic of Complete, Crema							
John Stallings Sarah Tarlton  19a. INFORMANT'S NAME (Type/Print) Janet Sullivan  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 3496 Logan View Drive Dundalk, Maryland 21  20a. METHOD OF DISPOSITION 1							
Janet Sullivan  3496 Logan View Drive Dundalk, Maryland 21  20a. METHOD OF DISPOSITION 1 Removal from State 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  222. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21  23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, App.							
1 N Burlei 2 Cremetton 3 Removal from Stata 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21  23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, App.							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY GEORGE J. GONCE Funeral Home P.A.  4001 Ritchie Hwy. Baltimore, Md. 21  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, App.							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final							
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Or father least failure  DUE TO (OR AS, CONSEQUENCE OF):							
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  1 VES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  t   YES 2   NO   NO   NO   NO   NO   NO   NO							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. It is shours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
AUG 0 3 1993

DHMH-18 Ray 1/89

Mary and the SEC 11 DIE

BALTIMORE, MARYLAND 21215-0020	y the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3 should	at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARY	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 324 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HO	TO THE FUI	IMPORTA

22420 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First	, Middle, Last)								2. DATE OF OE			3. TIME OF OEATH	
	LIDIA	KER					JULY 31, 1923		10:55 P. M					
	4. SOCIAL BECURITY NUME	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIR	TH	6. BIRTI	IPLACE (State or Foreign				
	230-50-7203		1 □ M 2 🕁 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	3-29-06		Count S	PAIN	
	9a. FACILITY NAME (If not in	stitution, give at	treet and number)			9b. CITY	TOWN C	R LOCAT	ION OF O	ATH	9c. CC	OUNTY OF C	DEATH	
DIRECTOR	LORIEN NURSI	NG HOM	Œ			CC	LUM	BIA			H	IOW ARI	D	
E E	10a. STATE	10b. COUNTY				Y, TOWN C		ION	To-E		11.4 = 1		10d. INSIDE CITY LIMITS?	
ō	MARYLAND		IOWARD			OLUM	вта						1 TES 2 NO	
FUNERAL	100. STREET AND NUMBER		T				101	ZIP COE					WHAT COUNTRY?	
Ne l	10850 GREEN	MO UN TA							044			J.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	IT EVER IN U.S. AR YES 2 XIN WAR OR DATES	10 10		liXes, sp	ecify Cub	OF HISPAI an, Maxica Specif	NC ORIGIN? (Spec n, Puarto Rican, a y:	ify Yes or No— tc.)	Blac	E — American Indian, k, White, atc.  WHITE	
ED	15. DEC	EDENT'S EOUC y highest grade	CATION completed	16a. OE	CEOENT'S	USUAL O	CCUPATIO	ON of words	la a	16b, KINO	OF BUSINESS/I	NOUSTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	ive kind of v Do NOT us			St OF WORK	ing					
A P	12			I	HOME	IAKE F	}				WN HOM			
	17. FATHER'S NAME (First, M	127, 124	TTAT mC							ME (First, Middle, I		)		
BE	ROMAN TEY d		EN 15						OSEFA					
임	RICHARD J.		(SON)							MBIA, MA			)44	
	20a. METHOD OF DISPOSIT  1X Buriel 2 Cremetic  4 Donation 5 Dispersion	on 3 🗆 Remo	oval from Stata	20b. PLACE A cemetery, cre ARLIN	MAND DATE O	of DISPOS	TON NE		0/05	1	OC. LOCATION		own, State RGINIA	
	21. SIGNATURE OF PURETA		ENSEE /	/ ///	TGION	22.	NAME A	O ADDRE	8/05	CILITY				
	NK.	10	1111	the	h	16	30 E	DMON	IDSON	AVE. C	ATONSV	ILLE.	MD. 21228	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart failure.	List Only Ona Ce	Cicle	D pe	ili	un	ny	10	alre	,	erreat,	Approximete interval Between Onset and Daath	
FICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY! University of the condition of the that initiated events	OUENCE OF	al	we	en	410	clisé	no		7/15				
resulting in daeth) LAST														
PART II. Other aignificant conditione contributing to deeth but not resulting in the underlying ceuse given in							PERFORMED?		246	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	Grant cell artery						3				1   YES 2   NO		OF DEATH?	
E Julies arred								-			1 NES 2 NO			
ĕ	25. WAS CASE REFERRED T	26. PLACE OF DEATH (Check only one)					-							
EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 8 Oth  27. MANNER OF OEATH  28a. OATE OF INJURY (Month, Dey, Year)  1 Netural 5 Pending							OTHER:						THE RESERVE	
								d. OESCRIBE HOW INJURY OCCUREO						
ETED BY	3 Suicide 8	Could not be determined	28s. PLACE (	OF INJURY — At ho atc. (Specify)	mo, farm, s	street, feci		YES 2 NO  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ш	29a. CERTIFIER													
OMPL	(Check only		CIAN: To the best of a										s) and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE	aux	flost.	mus				29c. LIC	ENSE NUI	WBER	29d. O	ATE SIGNED	(Month, Day, Year)	
	Here 6	e Sta	ch/ MI	SE OF DEATH (ITE		Print)	CH	Ho	ull	Dr	E.C'	MI	72195	
0	31. DATE FILEO (Month, Day, AUG 0 3 1	993	32. REGISTR	AR'S SIGNATURE	R									

1	-	SI	ATE		AF
13	. D	ECE	DEN	T'S	N/

	1 - STATE REGISTRAR	SIAIE UF I	MARTLAND /		ICATE					REG. NO			
	1. DECEDENT'S NAME (First, Middle,	Last)	18.7			W.S			2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
	DR.	LEON			SEL:				JÜLŸ		1993		9:10 A M
	4 214-38-888 213-14-5168	5. SEX	8. AGE (In yrs. lest 83	YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	MAY 13, 19			Count	PLACE (State or Foreign T VIRGINIA
OR	98. FACILITY NAME (If not institution, 4 HARNESS CT.,	APT. 103			96. CITY, BAL		R LOCATIO	N OF D	BALTIMO				EATH E
DIRECTOR		OUNTY LTIMORE	10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4 HARNESS CT.,	APT. 103	\	101. ZIP CODE 21208				-		10g. CITI	ZEN OF V	VHAT COUNTRY? USA	
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM YES 2 NO WAR OR DATES WWII-ARM	0	H	yes, sp	ENDENT OF	, Mexica	NIC ORIGIN? ( an, Puerto Ric y:	Specify Ye	e or No—	14. RACE Black WHI	— American Indian, , White, atc.
COMPLETED	15. DECEDENT ' (Specify only highest Elementary/Secondary (0-12)	(Giv	e kind of	USUAL OC work done d se retired.)	CUPATIO	ON st of working	7		IND OF BU	SINESS/IND	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Le HARRY SEL					18. МОТН М	ER'S NA	ME (First, Mid	die, Maider	NKNOW	N)		
TO B	190. INFORMANT'S NAME (Type/Print MRS. BEE SELIGM	AN	19b. MAILING ADDRESS (Street and Number or Rural Ro 4 HARNESS CT., APT. 10								2120	8	
	20s. METHOD OF DISPOSITION  X Buriel 2 Cremation 3 C  4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of commeter, respectory an other place).  BETH 1FTLOH 8/1/			3/1/9	-	DATE 20c. LOCATION — City or Town, State BALTIMORE, Md						
	21. SIGNATURE OF FUNERAL SERVI	CIE LICENSEE	Louis	70					S BROS		NC. ALTO.	, MI	21215
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List Dnly ona cause on aach lina.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Death Only (I			
PHYSICIAN: MEDICAL C	PART II. Other eignificent con-		t not resulting in the dindarlying cause given in Par						4a. WAS AP PERFO		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDIC EXAMINERS.	HOSPITAL:					ACE OF DE	ATH (Ch	eck only one)				
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpe		28b. TIN	OTHER 4 Nurs IE OF JURY	28c. INJ WO	$\rightarrow$		8 Other (S		INJURY OC	CURED	
TED BY	2/ Accident investige 3 Suicide 8 Could n 4 Homicide determin	F INJURY — At honests. (Specify)	ne, farm,	street, facto				261. LOCATI City or	ION (Street Town, State	and Number	or Runal I	Poute Number,	
COMPLETED	one)	PHYSICIAN: To the beat of a											) and manner as stated.
TO BE	296. SIGNATURE AND THE OF CER	bull a	du	~	e		29c, LICE	NSE NUI	187	-3	29d. DATE	H 3	10/93
	30. NAME AND ADDRESS OF PERSON 4000014 Co	ourt Rd	PIK	esh	ille	M	D, 7	212	-08	M	ungh	will	A. Levino
5	AUG 0 3 199.	32. REGISTRA	AR'S SIGNATURE	Ma,									

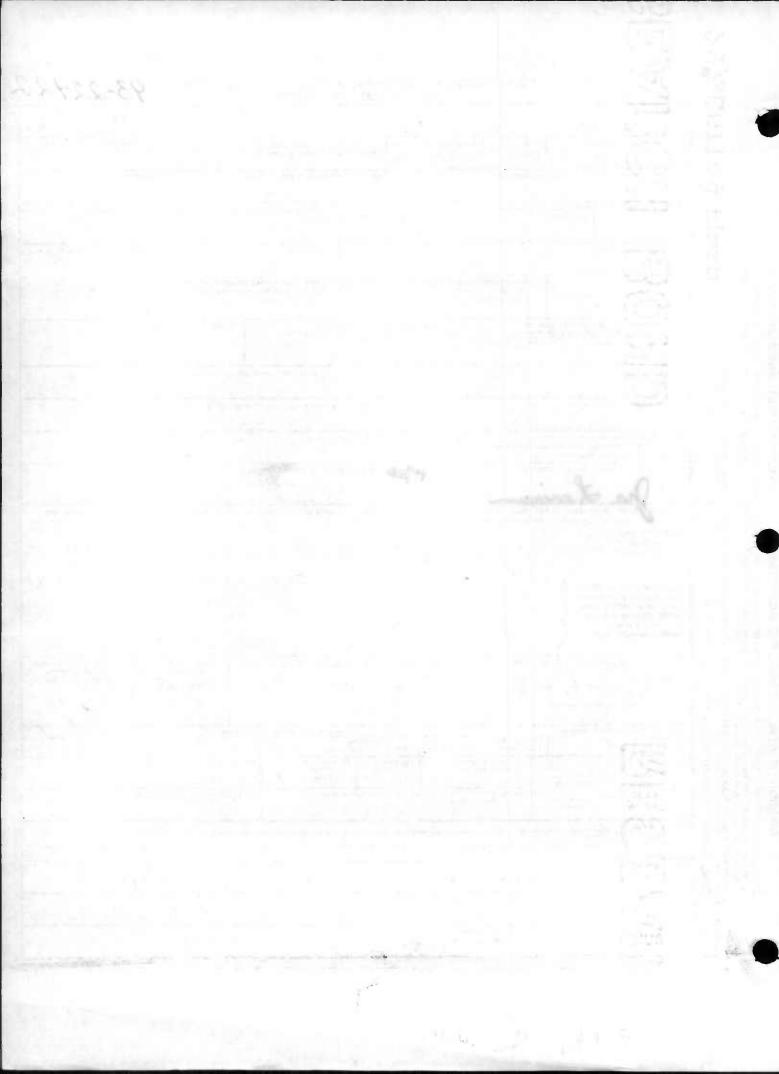
nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

מבורי שכוביולו	mours after death. Page 6 may be retained by the hospi	filled in by the funeral director, page 5 should be detached by, or removal.	
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	1. DECEDENT'S NAME (First, Middle, LI Samuel	Sa	muel Cec	il Schw	artz	REG. NO.  2. DATE OF DEATH DAY		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthda	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	3 7.34 I
	217-32-7675A	1 💢 M 2 🗌 F	89 YRS	MONTHS DAVE	HOURS MIN.	(Month, Day, Year) Jan. 28, 19		Russia
	90. FACILITY NAME (If not institution, gr	ive street and number)		9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY	
ECION	Sinia Hospit	al		Balt	imore			
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COL		10c. (	CITY, TOWN OR LOCA	ATION			10d, INSIDE CITY
DIN	Maryland B	altimore		Baltim	ore			LIMITS?
FUNERAL	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NE SE	7211 Park Hts				21208			SA
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES7 1 [ IF YES, GIVE WA	EVER IN U.S. ARMEO YES 2 100 R OR DATES	If yes, s	pecify Cuben, Mexican, S 2 NO Specify:	ORIGIN? (Specify Yes o Puerto Rican, atc.)	r No- 14.	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S I (Specify only highest g		(Give kind	T'S USUAL OCCUPATE of work done during m		16b. KIND OF BUSIN	NESS/INDUST	RY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NO	T use retired.)				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Whole	sale Rac		E (First, Middle, Maiden Su	y Goo	nds
S E	Jacobs Simon				Till			
0 86	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Street		ute Number, City or Town,		ie)
Ĕ	Mr. Stanley S	chwartz	251	6 Wilow	Glen Dr	ive Balt:	imore	, Md.2120
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 F	Removal from State		TEOF DISPOSITION /A	lame of	OATE 20c, LOCA	TION - City	or Town, State
	4 ☐ Donation 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE			NND ADDRESS OF FACI	2/93 Balt	timor	e, Md.
	DO 9		PEILE		Sol Levi	nson & Br		
	23. PART /Enter the discesses,	or compilcations that	ceused the deeth. De	o not enter the m	O REISTE	as cardiec or resolu	d. Ba	ltimore, N
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				EKITE	CATE OF	DEATE	1	REG. NO			
1. DECEDENT'S NAME (First, I	Middle, Last) RIETT		STRASBI	ERG			2	JULY 30,	1993 ×	EAR	8:50 A
4. SOCIAL SECURITY NUMBER 34-10-8037	8035	5. SEX 1 M 2 F	6. AGE (In yrs. I		IF UNDER I YEAR MONTHS DAYS	IF UNDER 24	HRS. 7	7. DATE OF BIRTH (Month, Day, Year) 2/14/190		Country	YORK
90. FACILITY NAME (If not ins. WILSON HEAL		RE CENTER	2		"GAITHE	RSBURG	OF DEAT		MONTE	OME	ŔŸ
RESIDENCE OF DECI 10a. STATE MARYLAND	10b. COUNT	GOMERY			TOWN OR LOCA						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
301 RUSSELL	AVE.				10	2087	7	S	10g. CITIZE		HAT COUNTRY?
11. MARITAL STATUS    Never Married 2         Widowed 4   Divort			T EVER IN U.S. A YES 2 A AR OR DATES	NO	11 yes, sp	ENDENT OF I	Maxican, I	ORIGIN? (Specify Yes Puarto Rican, etc.)	s or No- 14	RACE Black,	— American Indian, White, etc.
15. DECE (Specify only Elementary/Secondary (0-				(Give kind of wi ite. Do NOT use	ISUAL OCCUPATION done during month done during month described.)	ON ost of working		16b. KIND OF BUS	SINESS/INDUS	TRY	
7. FATHER'S NAME (First, Mid	idle, Lest)	TCAAC	ıc.			16. MOTHER		(First, Middle, Maiden	Sumame)		1-11-2
HENRY	~~/P-'nt)	ISAAC	-	ISP WAILING	ADDRESS (Street	and Number or	LENA	A unber, City or Tow	GALIN		
RS. HELENFA	E~ ZA	TCOFF			HAVERFO			OCKVILLE,		2	20853
23. PART   Enter the dischool or he MMEDIATE QAUSE (Fine disease or condition esuiting in death)  Sequentially list condition from the course of the condition of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the cour	ons, late	DIME TO	OR AS A CONS	EQUENCE OF	elm Co	- 0	-	ent Drosis	ratory arrea	τ,	Approximate interval Between Onset and Data 3 DAY
PART II. Other algnifican	t condition	na contributing to	death but not	reaulting in	the underlyin	g ceuse glv	ren in Pa	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 TYES 2 TO NO	MEDICAL	HOSPITAL:			OTHER:	ACE OF DEA					
7. MANNER OF DEATH	ending	26a. DATE OF	INJURY	28b. TIME	OF 28c. IN.	IURY AT DRK? YES 2   F	2	Other (Specify)	INJURY OCCUP	RED	
3 Suicide 6 C	ould not be	28e. PLACE O building,	F INJURY — At I atc. (Specify)	home, farm, st	reet, factory, offic	•	2	city or Town, State)		Rural Ro	oute Number,
	OF CHATTER	ER: On the beels of a	xamination and/o	r Investigation	n, In my opinion,		at the tin		nd due to the o	enuse(s)	end manner as stated.
AUG U 3 15			R'S SIGNATURE							/	

1	-	STATE REGISTR	AI
1 1	D	ECEDENT'S	N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last)	ak.a. Shei	la L. Si	lfies		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 3. 7.51 PM			
	4. SOCIAL SECURITY NUMBER 216903728	1 🗆 M 2 🎵/F	(In yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country) Maryland			
OR	90. FACILITY NAME (If not institution, give a BOD SECOURS H	etreet and number)			or location of D	EATH	Baltimore City				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY			
	MD		Bal	timore				1X YES 2 □ NO			
FUNERAL	1911 Harman Aven	ue		2	1. ZIP CODE		U.S.A	OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, s	CENDENT OF HISPA Becify Cuban, Maxic 3 2 NO Speci	NIC ORIGIN? (Specify Wan, Puerto Rican, atc.)	a or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY										
M	17. FATHER'S NAME (First, Middle, Last)		Food Ser	cvice	La MOTUEDIO II	ALES COLOR AND AND AND AND AND AND AND AND AND AND		Z 23			
3	Edward Silfies					AME (First, Middle, Maide .ne Maenne)					
20	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		de)			
	Mr./Mrs. Edward	Silfies	1911 I	Harman A	venue, E	Baltimore,					
	20a. METHOD OF DISPOSITION  1 N Burlei 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	b. PLACE AND DATE of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	ther place)		8/4/93 DU					
	THE SIGNATURE OF FUNERAL SERVICE LIC	mluse!	2	22. NAME A	ND ADDRESS OF F	Ambros	se Fune	ral Home,Inc us, MD 21227			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Bleuding  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	that initiated events resulting in death) LAST	DUE TO (OR AS		F):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Performed?  1 YES 2 NO										
PH I SICIAIN.	25. WAS CASE REFERRED TO MEDICAL			26 F	LACE OF DEATH (C	hack only one)					
5	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:		6 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN	JURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	ED			
ED 61	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s			28t. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLE		ICIAN: To the best of my known in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of examination in the best of ex						use(a) and manner sa stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIES		7 7 7 2		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	107.30	7 /	Y	-1, ( > ,			
,							387				
	AUG 0 3 1993	32. REGISTRAR'S SIG	NATURE					Act 1			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow requires that be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	MP.	Jept.	23
	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mel
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGIEN		33 22426		
	1. DECEDENT'S NAME (First, Auditor Late)	EY	LEAT (	LDF	-	2. DATE OF DEATH 7 - MONTH 7		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-09-4622  9a. FACILITY NAME (If not institution, give	1 - M 2 DF 8	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-07-1	1909	BIRTHPLACE (State or Foreign Country) Maryland		
STOR	Arundel Medio				apolis	ATH	7.0	e Arundel		
DIRECTOR		e Arundel		napoli				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	2555 Golfers				21401		U	N OF WHAT COUNTRY?		
B	1. MARHIAL STATUS  1. Never Married 2 Married  3 Widowed 4 Olivorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC If yes, spe 1 PYES	cify Cuban, Maxican		or No 14	Nhite		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo:	DN st of working	16b. KIND OF BUS	INESS/INDUS			
	12th 17. FATHER'S NAME (First, Middle, Last) Fdward	Shipley	Bookke	eper		IE (First, Middle, Maiden	Surname)	Store		
BE.	19a. INFORMANT'S NAME (Type/Print)	purbiek	19b. MAILING	ADDRESS (Street a		Ma Gertr		Morningstar		
2	Mr. John W. Sh	nipley						MD 21401		
	20a. METHOD OF OISPOSITION 15-Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State cen	D. PLACE AND DATE O	FOISPOSITION (Na	me of	OATE 20c. LO	CATION — City	y or Town, State		
	21. SIGNATURE OFFUNERAL SERVICE LI	in State	моо535	S1:	ack Fund	eral Hom City, MA	e, P.	A.		
	23. PART / Enter the disease, or ehock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	d the death. Do no nech line.	paul	de of dylng, such	as cardiac or respi	ratory erree	t, Approximate Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
		4								
PHYSICIAN: MEDICAL	PART II. Other significent condition	is contributing to death b	ASC V	the underlying	ceuse given in P	Part I. 24s. WAS AN PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQEPITAL:			ACE OF DEATH (Chec	ck only one)				
ISA IASI	1 TYES 2 NO	Inputlant 2 - ER/Outp	ontient 3 DOA		5 - Residence 8	☐ Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Hetural 5 Pending Investigation	/ 28a. DATE OF INJURY (Month, One War)	28b. TIME INJU	M 1 Y		28d. DEŞCRIBE HOW IN	IJURY OCCUR	NED		
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	reet, factory, offica		281. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Number,		
COMPLETED		ER: On the basia of examination						ause(a) and manner as stated.		
TO BE	THE SHOWAT HE AND STILL OF CENTIFIE	But	14)		29c. LICENSE VILLING	1438	29d. DATE SI	IGNED (Month, Day, Year)		
	MUMBEL J.C.	GHEN MMI	ATH (ITEM 27 Type,	MGEL	9 AVE	E 120 A	HWA	BLJU1401		
6	AUG 0 3 1993	Shie Deviden	ATURE							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 24 10020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital executed within relationship.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLET

2

29s. CERTIFIER (Check dnly one)

31. DATE FILED (Month, Day, Year) AUG 0 3 1993

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	215 07 2371	1 M 2 X F	75	rs. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN,		Day, Ybar)		
	9s. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	May	29,		
TOR	NORTH ARUNDEL	HOSPITAL.	ASSOCT	ATION	TION GLEN BURNIE							
DIRECTOR	10a. STATE 10b. COUL	nne Arund	le1	10c. CITY, TOWN OR LOCATION Pasadena								
	100. STREET AND NUMBER 1416 Amphibian	Dr.		101. ZIP CODE 21.1.22								
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	FORCES?										
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		-	usual o work done se retired.)	during mo	ON ost of working	g	16b. K	IND OF BUS			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Christian			Braun Arabella								
10	196. INFORMANT'S NAME (Type/Print) Virginia Hecker	t		196. MAILING ADDRESS (Street and Number or Rural Route Number, City or 526 Sylvan Way, Pasadena,								
	20s, METHOD OF DISPOSITION  173 Burisi 2 Cremation 3 Ri 4 Donation 5 Other (Specify)	emoval from State	cemeter	ACE AND DATE  y, crematory or o	ther place)			Park	7/29	20c. LO		
	21. GIONATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME A	ND ADDRES	S OF FAC		1		
	23. PART I. Entar/tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec of shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  s											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due to (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):											
MEDICAL	PART II. Other eignificent conditi	iona contributing to	o death but	not resulting	in the u	nderlyln	g cause g	iven in (		4a. WAS AN PERFOR		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DI	EATH (Che	ck only one)			
HYSI	1 TYES 2 NO 27. MANNER OF DEATH	10 Inpatient 2 28s. DATE O			4 🗆 Nui	sing Hon		sidence	6 Other	Specify)		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	( Year) INJURY WORK?  M 1 YES 2 NO					281. LOCATION (Street s			
0	3 Suicide 8 Could not I	building	, atc. (Specify)			,			City or	Town, State)		

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

SIEMER

EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

PAUL J. YOUNG-HYMAN, M.D./1600 CRAIN HIGHWAY, SW/GLEN BURNIE, MARYLAND 21061

29c. LICENSE NUMBER

MO26669

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22426 **CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH 07 93 01 - 20 PM 8. BIRTHPLACE (State or Foreign Country) 918 Maryland 9c. COUNTY OF DEATH COUNTY 10d. INSIDE CITY LIMITS? 1 TES ZYNO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, Whits, atc. Specify: White INESS/INDUSTRY Domestic Jones State, Zip Code) 21122 CATION - City or Town, Stata Elkridge, MD f Pasadena adena, MD 21122 ratory arrest, Approximate Interval Betwe Onset and Death laus cars 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY MED? □ NO 1 | YES 2 | NO JURY OCCURED nd Number or Rural Route Number, 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner se stated.

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

(5)

Company was not and

## blh

- STATE REGISTRAR			С	ERTIF						REG. NO					
1. DECEDENT'S NAME (First, Mid	idle, Last)		m i	11i					2. DATI	E OF OEATH	15	199		OF OEATH	
JOE  4. SOCIAL SECURITY NUMBER	15.	SEX	8. AGE (In yrs. Is		IE INDE	R 1 YEAR	IF UNDER	24 MDC	-	OF BIRTH	10			State or Forei	
			or roc (iii yis. ii	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)		Countr	y)	Steller Or Purer	jii .
9a. FACILITY NAME (If not institut	tion, give street	and number)	1.7	- 19	9b. CIT	Y, TOWN	OR LOCATIO	ON OF DI	EATH		9c. CO(	INTY OF O	EATH		
1030 N. Br	oadwa	V		1 6	В	alt:	imor	е							
RESIDENCE OF DECED  On. STATE 101	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION							SIOE CITY	
Maryland		na			E	alt	imor	e						AITS? ES 2 NO	,
0e. STREET AND NUMBER		19/				10	. ZIP CODE			7	10g. CIT	IZEN OF V	VHAT CO	UNTRY?	_
1030 N. B	roadw	ay	- 1000		53								1-1		
Never Married 2 Mer     Widowed 4 Divorced	T EVER IN U.S. A YES 2 MAR OR DATES		13.	If yes, sp		n, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	es or No-	14. RACE Black Speci	k, White, : //y:	ack			
15. DECEDE (Specify only hig Elementary/Secondary (0-12)	1			DECEDENT'S Give kind of te. Do NOT u	work done	during mo		ng .	16	b. KIND OF BU	JSINESS/IN	OUSTRY			
7. FATHER'S NAME (First, Middle	, Last)						16. MOTH	HER'S NA	ME (First,	Middle, Maide	n Surname)				
a. INFORMANT'S NAME (Type/	Print)		1	9b. MAILING	AODRES	S (Street a	and Number	or Rural	Floute Nur	nber, City or To	wn, State, Z	p Code)			
ocme			- 50												
Da. METHOD OF DISPOSITION  Burial 2 Cremation  Donation 6 Other (Spe	icity) In S	state_	remova		other place	1			OA		OCATION -				
I. SIGNATURE OF FUNERAL SE	B. J	EROITA	Made	, D:						State St,Ba					
MMEDIATE CAUSE (Final ilsease or condition eaulting in desth)	a		heros cli			Pard	iəVas	scul	as .	Disea	sı.		O	nset and [	101
equentially list conditions any, leading to immediet ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events esulting in desth) LAST			(OR AS A CONSI												
Chronic 7	Alcalia Use		death but not	reaulting	In the u	nderlyin	g cause g	given in	Part I.	24a. WAS A PERFO	PAMED?	24b	COMPLE	UTOPSY FIND LE PRIOR TO ETION OF CAL TH?	SE
. WAS CASE REFERRED TO ME	EDICAL					26. P	LACE OF DI	EATH (Ch	eck only o	ine)				/	7
EXAMINER?		OSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R: raing Hon	10 5 X Ra	sidence	6 🗆 Oth	er (Specify)					
MANNER OF DEATH	ding stigation	28a. DATE Of (Month, L		26b. TIN	-	28c. IN.	URY AT ORK?		Y	SCRIBE HOW	INJURY O	CUREO	ď		
3 Suicide 6 Cou	id not be rmined		OF INJURY — At I	nome, farm,	street, fac	tory, offic	:a			CATION (Street or Town, State		or or Rural F	Route Nun	nber,	
cont comp			my knowledge, o										e) and ma	nner ee stat	ød.
b. SIGNATURE AND TITLE OF	CERTIFIER	Chu	et mo		m.		29c. LICE	ENSE NUI			29d. DA	TE SIGNED	(Month, 1		-
Dennis Ch	ute.	MD.				Stre				ore,				2120	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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		Pages
		eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TIMORE, MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending physicia	pluods
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event, the medical examiner must be nonned at once.	IMPURIANT: II INSTITUTO IS MARKED, OF INSTITUTO STOWNS AND INJURY, OF UNITED CARRIED CASTILLIES EXAMINED THUS DE HOUSE AS OFFICE.
, cremation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
impletely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
d within 24 hours after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
60, BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	70	66
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH REG. NO.		

" REGISTRAR		CERTIFIC	CATE OF DEATH	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La Louise H. Toul				MON		1993	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	88 YRS.		MRS. 7. DATI (Mor Feb	OF BIRTH th, Day, Year)	005	BIRTNPLACE (State or Foreig Country)	
Manor Care  RESIDENCE OF DECEDENT	Ruxton Char	l N. les St.	Towson	OF DEATH			Y OF DEATH TIMORE	
MD 10a, STATE 10b, COU	Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 3838 Ro1	Roland Avenue			21211 US			SA	
11, MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your five, specify Cuben, Mexican, Puerto Rican, atc.)  1 YES 2 NO Specify:				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			BUAL OCCUPATION ik done during most of working redired.)  Ted Nurse	16	Medic			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	R'S NAME (First,	Middle, Maiden	Surname)		
Edwin H. Hark	ins		E11a	Mahan				
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or					
_ Mary Louise Ke	ennedy	88 E	. Padonia Rd	., Apt	. 301,	Timon	ium, MD 21093	
20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF C	DISPOSITION (Name of Tey Mem. Gard				y or Town, State	
21. SIGNATURE OF JUNERAL SERVICE Martin	D. Lawson		22. NAME AND ADDRESS Lemmon-Mit 10 W. Pado	chell-				
iMMEDIATE CAUSE (Fine)		eech ilne.	enter the mode of dying				Interval Betw	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DIVE DUE TO (OR AS  DUE TO (OR AS		CULIT,			GO.	Interval Betw	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	a. DIVE DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	CULIT,	15		AUTOPSY MED?	Interval Betw	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death Last  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. 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TN (Check only of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	24a. WAS AN PERFOR 1 VES 2  One)  Or (Specify)  SCRIBE NOW IN CATION (Street a yor Town, State)	AUTOPSY MED?  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WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	

DAMES ALTERNOON CALL AN ADMISSION OF THE PARTY

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

|--|

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Jessie Margare	tta Turnbaugl	n			July 28	1993	2:00 P M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	219-42-1104		76 YRS.	DAYS DAYS	HOURS MIN.	Nov. 01, 1	.916	Maryland
ar.	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Carroll County G	eneral Hospit	tal	Westmi	nster		Car	roll_
REC	10a, STATE 10b, COUNT	4	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
D		timore	В	utler				LIMITS?
3AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	14917 Falls Ro				21023		USA	
	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF HISPAN scify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify	y:		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE COMPOSITE OF THE	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BUS	INESS/INDUST	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use n		st or working			
MP	8		Housew	ite		Home	making	\$
	17. FATHER'S NAME (First, Middle, Lest) William Abraham	114 -1 - C ++				ME (First, Middle, Malden		
BE	19e. INFORMANT'S NAME (Type/Print)	nicks Sutton	10h MAII ING AT	OBSEC /Compt o		Elizabeth  Route Number, City or Town		
2	Phyllis Jean Bli	zzard				95, Butle		
	20a. METHOD OF DISPOSITION 1 TyBurlal 2 Cremation 3 Rem	20b.	PLACE AND DATE OF	DISPOSITION (Na		DATE 20c. LOC		
	4 Donation 5 Other (Specify)	Di	otery, crematory or other 11aney Va	Iley Me	m. Grdns	7/31/93	Timoni	um, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	ошту 11-Wiedefe		
	Lowell M. Lem	mon				Road, Tim		
	23. PART I. Enter the diseases, or o	complications that caused List only one ceuse on ea	the death. Do not	enter the mo	de of dying, auci	h as cardiac or respi	ratory arreat,	Approximate
	IMMEDIATE CAUSE (Final		•			)		interval Between Onset and Death
	disease or condition resulting in death)	· Cardio	- Yes,	rator	1 4	rvest		6-8mm
		DUE TO (OR AS A	CONSEQUENCE OF):	2.	1	cancer		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	1310	asi	cincer		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	e.						į
FI	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
H	resulting in death) LAST	d						
ALC	PART ii. Other aignificant condition	a contributing to death bu	it not resulting in t	he underlying	ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
200						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL THER:	ACE OF DEATH (Che	ack only one)		
ΙΥS	1 TYES 2 NO  27. MANNER OF DEATH	1 Department 2 ER/Outpa	tient 3 DOA 4	☐ Nursing Home		8 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	y wo	JRY AT RK? ES 2 \Begin{align*} NO	28d. DESCRIBE HOW IN	JURY OCCURE	ED .
BY	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY	At home, farm, stre-			28f. LOCATION (Street a	od Number or B	tural Bruta Number
	4 Homicide 8 Could not be	building, atc. (Specif	(y)			City or Town, State)	TO THE TOTAL OF THE	in a route rumber,
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	dge, death occurred a	t the time, data	and place, and due	to the causele) and man	not so stated	
COMPLETED		R: On the basis of examination						use(a) and manner as stated.
ш	SHE STONATURE AND TITLE OF CERTIFUE		_	T	29c. LICENSE NUM			GNED (Month, Day, Year)
00	John &	Ceus M	11)		0095	C7	· ~	7/28/92
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA				10 11	J	
	JOHN E. E	rteers s		ching	ten &	d. WE	stmi	1ster ma.
14	31. AUG 03 1993	Julia Davidson-A	andett.					

Item5 8-5-93 FilmG702 W.H. Per F/H

93 22430

	REGISTRAR CERTIFICATE ( 1. DECEDENT'S NAME (First, Middle, Last)	OF DEATH	2. DATE OF DEATH	).	To This or Death
	163 1/1	MPSON	MONTH 0.7		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Fore Country)
	213-441173 14 HP ABS	DAYS HOURS MIN.	10-30-	47	Md.
Œ		OWN OR LOCATION OF D		9c. COUNTY	Y OF DEATH
CTC	RESIDENCE OF DECEDENT				
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR I	LOCATION	. 0		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	101. ZIP CODE	76	10g. CITIZE	1 YES 2 □ N N OF WHAT COUNTRY?
FUNERAL	3018 Forndale are - 09	212	07		459
	1 Never Married 2 Married FORCES? 1 YES 2 MINO If ye	S DECENDENT OF HISPA es, specify Cuben, Mexic	an, Puerto Rican, atc.)	14 or No-	I. RACE — American Indien Black, White, etc.
) BY	3 Wildowed 4 Divorced	YES 2 NO Speci	ify:	1	Specify: 13 K
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Give kind of work done during the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete o	UPATION ing most of working	18b. KIND OF BI	JSINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)				
CO	17. FAMER'S NAME (First, Middle, Last)	18 MOTHER'S N.	AME (First, Middle, Major	Surneme)	
BE	JOMES NO MOSON  198. INFORMANT'S NAME (Type/Edit)  199. MAILING ADDRESS (S)	Kei	elah l	MM	61
5	Beuch Daniel 3018 F	PYM RC	Houte Number, City or To	vn, State, Zip Co	- 2120
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION  Appropriate Accordance or pring place?	ON (Name of 65		OCATION - CIT	y or Town, State
	4 Donation 5 Other (Specify)	cem	18/03 ha	nos	Towne DA
	> The supplemental 1 has	ME AND ADDRESS OF F	ACILITY	1	/
		AA AT K	(1)	7 .	17.1.1.1
	23. PART I. Electrical diseases, or complications that caused the death. Do not antar the ehock, or heart feliure. List only one cause on each line.	e mode of dylng, su	th es cerdiac or resp	F H-	
	23. PART I. Electric diseases, or complications that caused the death. Do not enter the chock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Seizure disorder complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication of the complication			F H-	Interval Bet
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BALTIMORE, MARYLAND 21215-0920	ned by the hospital or attending pursue	ould be detached for use as the containment primit. F
BALTIMORE, I	nin 24 hours after death. Page 6 may be	tely filled in by the funeral director, page anation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pure	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the part transfer of the property of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE 1 -

REGISTRAR

1. DECEDENT'S HAME (First, Middle, Last)

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5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 DA 238-07-9315 1, 2, 3 should 9a. FACILITY NAME (If not insite ML give street orth SUrNIE DIRECTOR MUNDE RESIDENCE OF DE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ANNE ARUNDEL MARYLAND GLEN BURNIE FUNERAL 10e. STREET AND NUMBER 101 71P CODE 828 NORTH SHORE DRIVE 21060 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 TYPE IN U.S. ARMED FORCES? 1 TYPES, GIVE WAR OR DATES AND THE TYPES, GIVE WAR OR DATES AND THE TYPES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marrie 1 YES 2 X NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) NONE SEAMSTRESS examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE M. BRYAN BELLE H. KINLAW 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 828 NORTH SHORE DRIVE CLAUDE TODD 20e. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 C 4 Donation 5 Qther (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE on 3 - Removal from State CEDAR HILL CEMETERY 7 - 3121. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD the medical 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Item 23 shows any injury, or other traumatic event, DUE novoxide MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: r this certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? Is marked, 1 Natural 5 Pending Investigation 27 300 1 YES 2 10 FUNERAL DIRECTOR: After the within 72 hours after death within 72 hours after death of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se BY 2 Accident PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide
Homicide COMPLETED 6 Could not be 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my kno (Check only one) IMPORTANT: If MEDICAL EXAMINER: On the b BE 記まま POUY 605 223 5 LETED CAUSE OF DEATH (ITEM 27) (Type Print)

Jones

32. REGISTRAR'S SIGNATURE

Month, Day, Year)

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1993

CERTIFICATE OF DEATH

2. DATE OF DEATH

MARY BRYAN, TODD

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93 22431 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH YEAR 5 1340 8. BIRTHPLACE (State or Formion NORTH CAROLINA 9c. COUNTY OF DEATH IOd. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. WHITE 16b. KIND OF BUSINESS/INCUSTRY CLOTHING MANUFACTURER GLEN BURNIE, MD 21060 20c. LOCATION - City or Town, State BROOKLYN PARK, MD 21061 Approximete Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 VES 2 1 NO OF DEATH? 1 TYES 2 1 HO 29d. DATE SIGNED (Month, Day, 9

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a firm death. Plage 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compitately filed in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hydiess prior to burial, cremation, or minoral	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) BARRY	R.		THOMPS	ON SR.	2. DATE OF DEATH MONTH / 23 /	ÿ3 "	ar 10:03 P _M
	4. SOCIAL SECURITY NUMBER 215-56-6719	1 🔀 M 2 🗆 F	(In yrs. lest birthde	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 04-30-1		BIRTHPLACE (State or Foreign Country) New York
OC.	9a. FACILITY NAME (If not inatitution, give st	ACCOUNTY.			N OR LOCATION OF D		9c. COUNTY	OF DEATH E ARUNDEL
DIRECTOR	NORTH ARUNDEL			GLE	N BURNIE	<u> </u>	ANNI	E ARUNDEL
E E	Maryland Anne	Arundel		orty, town or to Odento:				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	- III dilaci		Juento	101. ZIP CODE		10g. CITIZEN	1 YES 2 KNO
FUNERAL	1311 Greyswood	Road			21113			ISA
E S	11. MARITAL STATUS  1  Never Married 2  Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	970-191	1 🗆	YES 2 NO Speci			Specify: White
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT	'S USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUST	
<u> </u>	Elementery/Secondary (0-12) 12th	College (1-4 or 5+)	life. Do NO	use retired.)	Trout of Worning			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Mechar	11 C	16 MOTHER'S N	Autor	notive	9
BEC	Charles Rober	t Thompson	ı			Violet S		nt.
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILE		et and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)
	Ms. Lucille Th		1311			.,Odentor		
	20e. METHOD OF DISPOSITION  20 Cremation 3 Remo	wei from State	b.PLACE AND DAT metery, crematory of Crest1a	r other plece)			CATION — City	
	21. BIGHATURE OF FUNERAL SERVICE LICE	ENSEE	TESCIO	22. NAM	AND ADDRESS OF FA	ACILITY		ottsville,M
	Muilellur	Aluk	M0053			eral Home City, Mar		
	23. PART I. Enter the diseasea, or anock, or heart fathers. I unmEDIATE CAUSE (Final disease or condition resulting in death)	. Arterios	eech line.	¿ Cara		elas dise		Approximete Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
AL C	PART II. Other eignificent conditions	contributing to deeth i	but not resultin	g in the underl	ring ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 (SVES 2 \sum NO
SICI	EXAMINER?  1  yes 2  no	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	PLACE OF OEATH (C)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	ED
	3 Suicide e Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farπ ceffy)	n, street, factory, o	ffice	281. LOCATION (Street of City or Town, State)	and Number or R	lural Route Number,
COMPLETED	one) 2 MEDICAL EXAMINER	CIAN: To the best of my known:  COn the basis of examination	viedge, death occu on and/or investige	irred at the time, o	lete and place, and due	time, date and place, an	nner ee atated.	use(s) end manner ea stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  AUGUST AND THE AND THE OF CERTIFIER  AUGUST AND THE AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND THE AUGUST AND T	Wight n	1D		O.C.N			GNEO (Month, Day, Year) / 25 / 9 3
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BALTIMORE, MARYLAND 21215-0020

Page 6 may be retained by the hospital or attending physicia

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 07 26 OLEAN **JEANNETTA** VANN 1:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 65 182 22 1769 1 M 2XXF YRS. 192 Dec. 20, Pennsylvania 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TYES 2 NO Maryland Anne Arundel Pasadena FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 21122 United States 814 220th St. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuber 1 Never Married 2 Married BY Specify Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) Domestic 11 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Langham Tressa Hale James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 814 220th St., Pasadena, MD Joseph E. Vann 20a. METHOD OF DISPOSITION

XXBurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - Cify or Town, State 4 Donation 5 Other (Specify) Gardens of Faith Cemetery 7/30/93 Rosedale, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 21122 3204 Mountain Rd., Pasadena, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in death) a. CARDIAC ARRHYTHMIA DURING INTUBATION DUE TO (OR AS A CONSEQUENCE OF): M. ACUTE RESPIRATORY FAILURE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediata cause. Enter UNDERLYING c CHRONIC OBSTRUCTIVE PULMONARY DISEASE CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL ATHEROSCLEROTIC CARDIOVASCULAR DISEASE YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XX Inpatient 2 - ER/Outpatient 3 - DOA TXXXES 2 1 NO 4 🗆 N ng Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 🕅 Natural 84 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year). BE lufe up 07/28/1993 C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street. Baltimore. Maryland 21201 32. REGISTRAR'S SIGNATURE AUG 0 3 1993



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EVANGELINE 30° E. **VENABLE** 1993 FAR JULY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 7-27-1915 IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign DAYS 231-16-4545 1 M 2XXF Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3810 St. Margaret St., FUNERAL DIRECTOR 21225 Baltimore, (Brooklyn) NA RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore (Brooklyn) YX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3810 St. Margaret St., 21225 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto R

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Homemaker Housewife and Mother 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Head Mattie L. ---19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Miss Norma Jean Venable 1173 Glen Burnie, Md. 20e. METHOD OF DISPOSITION
1 M Burial 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE GTen Haven Memorial Park 8/2/93 Glen Burnie, Maryland 4 Dohetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY
MCCUlly Funeral Home of Brooklyn Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 23. PARY I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death disease or condition resulting in death) ascinona DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO 1 YES 2 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 (Specify) 4 Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner es stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 -10 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 0 3 1993

240 (000)

TO BE COMPLETED BY FUNERAL DIRECTOR

93 22435

	e medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	n, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
がの	illed in by the funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted in the funeral director.
	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
	BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LILLIAN SOCIAL SECURITY NUMBER						2. DATE OF DEATH			3. TIME OF DEATH
SOCIAL SECURITY NUMBER				WILL	IAMS	Монтн	14	953	11:40
		. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign)
	1 M 2 X F	69	YRS.						
FACILITY NAME (If not institution, give s					OR LOCATION OF D		9c. COU	NTY OF D	EATH
5103 GOODNOW R	ROAD			BALTI	MORE CI	T.I. A			
e. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland n	ıa		Ва	altimo	re				LIMITS?
e. STREET AND NUMBER				10	1. ZIP CODE		10g. CITI	IZEN OF W	VHAT COUNTRY?
5103 Goodno	w Road			tions!					
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Never Married 2	IF YES, GIVE WAR		••		2 NO Speci			Speci	
	lasticu .	F7007-							Diack
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Elementary/Secondary (0-12)	College (1-4 or 5+)		DO 1107 030	romeu.y					
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ocme									
. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF	DISPOSITION (N	ame of	DATE 20c.	LOCATION	City or To	wn, State
□ Buriel 2 □ Cremetion 3 □ Rem □ Donation 8 □ Other (Specify) _i_		cemetery, cre	metory or other	er place)					
SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronal	d Wad	e.Dii	22. NAME A	ND ADDRESS OF FA	CILITY Stat	eAnat	OMV	Board
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CURED  r or Rural F	Approximate interval Betw Onset and D  Were autopsy Find MARLABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2/S_NO  Route Number,	

DHMH-18 Rev 1/89

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-702 8/10/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22436 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR THOMAS WARD 08 01 93 6:36 4. SOCIAL SECURITY NUMBER 5. SEX 6, AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Maryland Maryland Aug . 3 213 60 4229 40 130M 2 | F YRS. 1952 9s. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7700 VICTORY AVENUE BALTIMORE CITY DIRECTOR Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 POYES 2 NO Md. Baltimore City permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7700 Victory Avenue 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2000 Specify: IF YES, GIVE WAR OR DATES Specific BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY ondary (0-12) College (1-4 or 5+) Surveyor 11 Engineering once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the Thomas Ward Mildred A. Mullaney BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wife 338 Stemmers Run Road Baltimore, Md. 21221 Deborah Jane Ward P 209 METNOD OF DISPOSITION
1 Seuriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Zion Lutheran Church Cemetery 8/4/93 Essex, Maryland 4 Donation 5 Other (Specify) xaminer 21. SIGNATURE OF PUNERAL SERVICE ASCEN 22. NAME AND ADDRESS OF FACILITY ours after death. Bruzdzinski Funeral Home PA 200 1407 Eastern Ave. Baltimore. completely filled in by the rial, cremation, or removal. Md. medical 23/PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, Approximate shock, or heart feliure. List only one interval Between Onset and Daeth IMMEDIATE CAUSE (Final the disesse or condition ACUTE NARCOTIC AND ALCOHOL INTOXICATION event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): executed with n and con to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, issding to immediate attending physician ntal Hygiene prior to death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atter Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t Health and AMAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 YES 2 NO t. of I PHYSICIAN: DR ATTENDING PHYSICIAN: The law has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State 1, or Item HOSPITAL: OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending investigation UNKNOWN M 1 YES 2 NO After t BY 2 Accident UNKNOWN UNKNOWN 26s. PLACE OF INJURY --- At home, term, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 (Could not be determined 60 COMPLETED DIRECTOR: / 4 Homicide 28 UNKNOWN 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL (FUNERAL E WITHIN 72 h 2X MEDICAL EXAMINER: On the base of empirication and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. POL SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E ▶ 08/02/1993 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOLLE 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE FILED (Month Day)

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1	-	STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital of may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIFICATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	William	15	2. DAT	E OF DEATH	3. TIME OF DEATH
	710 10 61012	SEX 8. AGE (in yrs. lat	st birthday) IF UNDER 1 YEAR	F UNDER 24 HRS. 7. DAT	E OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
OR	Se. FACILITY NAME (If not institution, give street SINCLI HOSPI	and number)	96. CITY, TOWN OF	LOCATION OF DEATH		DUNTY OF DEATH USA
DIRECTOR	10e. STATE 10b. COUNTY		10c. CHY) TOWN OR LOCATI	NO.		10d. INSIDE CITY MMITS?  1 YES 2 NO
FUNERAL	100, STREET AND NUMBER Park	Heights	ave 101.	21PODE 215	10g. C	STIZEN OF WHAT COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		NOENT OF HISPANIC ORIG	IIN? (Specify Yes or No— p Rican, etc.)	14. RACE — American Indien, Black, White, Sp. Specify:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secretary (0-12)	npleted) (G	ECEDENT'S USUAL OCCUPATION Sive kind of work done during most b. Do NOT use retired.)	of working	Bb. KIND OF BUSINESS/I	NDUSTRY
BE COMP	17, FATHER'S NAME (First, Middle, Last	Jans		18 MOTHER'S NAME (First	, Middle, Malden Surnarpe	Evans
TO B	PV. EVELON CE	ollins-Books	MANUNG ADDRESS STOOT OF	Namber or Aurantional Nu	mon State, State, 254	Dalto, no 212
	20 METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	from State cemillely pre	AND DATE OF DISPOSITION (Name and to your other place)	tar 84	20c. LOCATION	- City or Town, State
	· Glernie &	D. Lott	1/1001	ADDRESS OF FACILITY	west abash	ave
	23. PART I. Enter the diseases, Dr com- shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a	DUE TO (OR AS A CONSE	e.	e of dying, such aa ca	rdiac or reapiratory a	arreat, Approximate Interval Betwo Onset and Da
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	A Fai	Cop	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):			
MEDICAL C	PART II. Other algnificant conditions of Backal	contributing to deeth but not	resulting in the underlying	cause given in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Q J	26. PLA	CE OF DEATH (Check only	one)	
YSI	1 TYES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpatient 3	3 DOA 4 Nursing Home	5- Residence 6 - Ott	her (Specify)	
ву Рн	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		RY AT 28d. D K? S 2 NO	EŞCRIBE HOW INJURY (	OCCURED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, factory, office		OCATION (Street end Numi ly or Town, State)	ber or Rural Route Number,
COMPLETED		N: To the bast of my knowledge, do On the basis of examination end/or				stated, The cause(e) end manner as stated
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 Bouse	2 MB	29c. LICENSE NUMBER	29d. D	T/3/R 7
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE		Belveloe	P Pa	HARD ZOZ
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DIVISION OF VITAL RECORDS,	

93 22438 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 07-31-93 Thomas Moser Wilson 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, Day, Year) 12-12-20 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 72 1 M 2 - F Washington, DC 579-16-7444 DAYS HOURS YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Chesapeake Manor Nursing Home Arnold AnneARundel RESIDENCE OF DECEDENT 10c CITY, TOWN OF LOCATION Annapolis 10b. COUNTY 10d. INSIDE CITY Anne Arundel 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 756 North HollyDrive 21401 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? ★★★ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No---14. RACE — American Indian, Black, White, etc. Specify: White 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ric BY 1 YES XX NO Specify: 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S FDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) 5+ 12 Physician Medicine 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Herbert Wilson Carrie Maye Moser BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth Mae Wilson 756 North Holly Drive, Annapolis,MD 21401 20s. METNOD OF DISPOSITION
1 ☐ Burisl ② Cremetion 3 ☐ Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Metro Crematory Baltimore, MD 21. SIGNATURE OF EUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home, P.A. Ridgely Ave. Annapolis, MD 21401 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Deeth disease or condition_ Heart reaulting in death) O (OR AS A CONSEQUENCE OF obornyopath CERTIFICATION Sequentially list conditions, GOENCE OF if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 GINO Vas cu Acerden OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 C Norsing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at this time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

within 24 hours after death. completely filled in by the medicai 5 the cremation event, executed n and cort to burial, traumatic attending physiclan ntal Hygiene prior to 2 certificate other 0 signed by the attent Health and Mental H injury, that shows any been s s certificate has been the State Dept. 23 Item 0 : After this cu marked, DIRECTOR: Aft hours after de-COMPLETED 8 FUNERAL ( within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 298. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mon BE Herebuse c 168 9 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRAIN NB4RN12 CYRIAC 1600 106 31. DATE FILED (Month, Day, Year) 31. REGISTRAR'S SIGNATURE hele Davidson DHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by an actual director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remeal marked and with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remeal marked and the 28 shows any injury, or other traumatic event, the medical manning must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DAY YEAR				3. TIME OF DEATH	
	CHARLES GARFIELD WARFEL, SR.										07 28 1993			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I (Month, Da	y, Year)		8. BIRTH	IPLACE (State or Foreign y)
	717-09-836		1 X M 2 - F	82	YRS.						9 19			NSYLVANTA
	9e. FACILITY NAME (If not institution, give street end number)							OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
	7646 WATTS AVENUE					HA	NOVI	ER				ANN	E AR	UNDEL
	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	MD	ANNE	ARUNDEL			HA	NOVI	ER						1 YES 2 NO
1	10e. STREET AND NUMBER				1 600		10	1. ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
	7646 WATTS	AVENU						21076					S.A.	
	11. MARITAL STATUS  1 Never Merried 2	Married	FORCES? 1	T EVER IN U.S. AR	IMED NO	13.	WAS DEC	CENDENT OF	F HISPAN n, Mexica	IIC ORIGIN? (S	pecify Yes n, etc.)	or No-	14. RACE Black	— Americen Indian, k, White, etc.
	3 🛚 Widowed 4 🗌 Divo		IF YES, GIVE V	var of dates 29- 1932		3	1 TYES	5 XNO	Specify	r:			Speci	WHITE
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	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	Hillian	Do NOT us	work done ( se retired.)	during me	ost of working	9					
	4		NONE		CARPE	NTER	27	20		I	BETHI	EHEM	STE	EL
	17. FATHER'S NAME (First, M	fiddle, Last)			in order		4	18, MOTH	IER'S NA	ME (First, Middl	le, Malden	Sumame)		
	DAVID	В.	W	ARFEL	11					NKNOWN				
	19e. INFORMANT'S NAME (7			190						Route Number, (	City or Town	n, State, Zip	Code)	
-	WILLIAM H.		L. JR.					S AVE	NUE			MD		
1	1 XBuriel 2 Cremation	on 3 🗆 Reme	oval from State	20b. PLACE / cemetery_cre MEAD					ממאם	DATE		CATION —		
1	4 Donation 5 Other  21. SIGNATURE OF FUNERA		ENSEE	PLEADO	JWKID			ND ADORES			ELK	KIDG	E, M	D 21227
1	1 90 H	/	9/1			S	INGI	LETON	FUN	ERAL F				
4	23. PART I. Enter the d	erge	Agiki	4		1	SEC	COND .	AVE.	S.W.	GLEN	BUR	NIE,	MD 21061
	resulting in death)	<b>→</b>		CON AS A CONSE			elu	mer						Onset and Dauth
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	Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injurted initiated events resulting in death) LAS  PART II. Other algnification in the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of t	Pending investigation Could not be determined TIFYING PHYSI HCAL EXAMINE	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSECTION OF INJURY — At ho atc. (Specify)  I my knowledge, de xamination end/or insection of the consection o	DUENCE OF COUNTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	F):  In the un  OTHEF  4   Nun  HE OF  JURY  M  street, fact  ed at the t  on, in my o	26. PIR: sing Hom 28c. INJ WCC 1 Corp., office ime, date	LACE OF DE	EATH (Che sidence ) NO end due ed at the ENSE NUM	1 ( Seck only one) 6 Other (Seck only one) 28d. OESCRII 28t. LOCATIO City or R to the ceuse(et) time, data and	PERFOR	NJURY OCI	CUREO  or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  (Month, Day, Year)  C 7 3

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

eath. Page 6 may be retained by the hos	funeral director, page 5 should be detached	xaminer must be notified at once.
the death certificate be executed within 24 hours after or	v the attending physician and completely filled in by the differntal Hydiene prior to burial, cremation, or removal	injury, or other traumatic event, the medical e
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) CLARA BANE WILLIAMS Clara Williams.		2. DATE OF DEATH MONTH DAY	YEAR 6:10 P M			
	226-28-0308-050-31 M 2 KF 69 VRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-26-1923	8. BIRTHPLACE (State or Foreign Country) VIRGINIA			
TOR	9a. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL CENTER RESIDENCE OF DECEMENT	96. CITY, TOWN OR LOCATION OF DE BALTIMORE		N/A			
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION SEVERN		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER  1531 FLORIDA AVENUE	101. ZIP COOE 21144		IZEN OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TNO IF YES, GIVE WAR OR DATES	13. WAS OECENDENT OF HISPAN If yes, specify Cuban, Maxicar 1 YES 2 X NO Specify.	, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S LI (Give kind of we life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINESS/INC				
₩.	9 NONE HOMEMA		OWN HOME				
BE CO	17. FATNER'S NAME (First, Middle, Last)  JAMES FRAZIER BANE	EDNA F.		POTTER			
2		ADDRESS (Street and Number or Rural R		D Code)			
		FRANKLIN AVE.					
	1 □ Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)		BALTIMOF	City or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC SINGLETON FUN	ERAL HOME				
	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do no	t enter the mode of dving such	S.W. GLEN BU	JRNIE, MD 21061			
	ehock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  a. Sepsis		,	interval Between Onset and Deeth			
NOI	Sequentially list conditions,		own Pring				
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
	PART II. Other significent conditions contributing to deeth but not resulting in	the underlying ceuee given in F	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
DICAL			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MED			1 YES 2 NO	DF DEATH?  1 TYES 2 NO			
<u> </u>	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	ck only one)				
Sign		OTHER: I Nursing Home 5 Residence (	□ Other (Specify)				
BY PHY	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  1 Accident Investigation	OF 28c. INJURY AT	28d. OESCRIBE NOW INJURY OCC	CURED			
	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	eet, factory, office	ffice 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation.	at the time, data and place, and due to in my opinion, death occured at the t	o the cause(s) and manner as stat ime, data and place, and due to th	ted. ne cause(a) and manner as stated.			
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  Dr. P. Chaper L.	29c, LICENSE NUMI		E SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F Di-Cha Por La Haybar Hos		mae HI)				
	31. OATE FILED (Month, Day Year)  32. Medistrars signature  AUG 3 1993 July	ia Davidson Rando De					

7 - 9

Section 100

ARTHUR A SOCIAL SECURITY NUMBER

212-28-6257

1. DECEDENT'S NAME (First, Middle, Last)

sa FACILITY NAME (If not institution, give street end nu

FREDRICK

1 M 2 F

5. SEX

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

WAGNER

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year

03 11 1919

MONTH () /

Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-00 hospital or attending use as the for detached retained by the 2 funeral director, page 5 should Page 6 may filled in I P.O. BOX 68760, executed with death certificate be DIVISION OF VITAL RECORDS, peen

DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNTE 10e. STATE 10c. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEI MILLERSVILLE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 205 BRIGHTVIEW DRIVE 21108 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S FDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 10 NONE CARPENTER HOME DEVELOPER once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) T JOHN F. WAGNER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 STEVE M. WAGNER 564 BRIGHTVIEW DRIVE MILLERSVILLE, MD 21108 9 20a. METNOD OF DISPOSITION
1 XBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must GLEN HAVEN MEMORIAL PARK 4 ☐ Donetion 5 ☐ Other (Specify) GLEN BURNIE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY nours after death. P ed in by the funeral or removal. SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD medical 23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, sheck, or haert failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) completely filler the Hypoxemun event. OUE TO (OR AS A CONSEQUENCE O n and com to burial, 2035ible traumatic CERTIFICATION Sequentially list conditions. DIFE TO (OR AS A CONSEQUENCE OF e attending physician a ental Hygiene prior to if any, leading to immediate Donible Julmona cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST the atter Injury. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t Health and ardio myo path эпу 1 - YES 2 NO shows has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one th the State C HOSPITAL:
1 (Inpatient 2 - ER/Outpatient 3 - DOA L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate i hours after death with the State OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 1 TYES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 89 8 Could not be determined COMPLETED 4 Nomicide 28 Hem 29a. CERTIFIER

//Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. HOSPITAL FUNERAL C WITHIN 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) end menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Caffies SANDEM ~) H. 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) GEOFFREY H. SAUNDERS, M.D./1600 CRAIN HIGHWAY, SW/GLEN BURNIE, MARYLAND 21061 32. REGISTRAR'S SIGNATURE

3. TIME OF DEATH

10:38 AM

10d. INSIDE CITY

1 YES 2 7 NO

WHITE

21060

21061

Interval Betwe

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

1 TYES 2 NO

OF DEATN?

193

129

Onset and Death

8. BIRTNPLACE (State or Foreign

MARYLAND

A.A. COUNTY

14. RACE — American Indian, Black, White, atc.

Specify:

FLOWERS

9c. COUNTY OF DEATH

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	Middle, Last)							E OF DEATH			3. TIME OF DEATH	
JOHN	WAGNER						MONT	T.Y 30	199	YEAR	12:20 AM	м
4. SOCIAL SECURITY NUMB		5. SEX 6.	. AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	199	6. BIRTN	PLACE (State or Fore	eign
125 28 5		1 🔀 M 2 🗌 F	56	YRS.	IONTHS DAYS	HOURS MIN.		th, Day, Year) ./14/19	36	Country	w York	
9a. FACILITY NAME (If not in:	stitution, give stre	et and number)		9	b. CITY, TOWN	OR LOCATION OF D		, _ ,,		ITY OF D		
Maryland G	EDENT	Hospital			Ba	ltimore	City		===			
10a, STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY	
Maryland	Ann	e Arundel		Ba.	ltimor	9					1 YES 2 N	10
10e. STREET AND NUMBER					1	Of. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?	
610 Luthe	r Stre	et				21225			J	J.S.	Α.	
	11. MARITAL STATUS  1 ☐ Never Married  2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 ☐ YES 2 ☐ NO  IF YES, GIVE WAR OR DATES  1962 — 1964					AS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— yes, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  White						).
15, DECI (Specify only	EDENT'S EDUCA highest grade co	ATION	16a. Di	ECEDENT'S US	SUAL OCCUPAT	ION	166	b. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-		College (1-4 or 5+)	1990	. Do NOT use i				Soc	cial	Secu	rity Adm	1.
	4	years	St	atisti	.cal Sy	s. Speci	alis	t				
17. FATHER'S NAME (First, Mi						18. MOTHER'S N			Sumame)			
		bert J. 1						Hanle				
I.isette W			6	b. MAILING A	ther St	and Number or Rural					21225	
20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremetion  4 Donation 5 Other	n 3 🗆 Remov	ral from State	20b. PLACE	AND DATE OF	DISPOSITION (P	lame of	8/2		ATION — C			
21. SIGNATURE OF FUNERAL		NSEE	Ceda	111111	22. NAME	ND ADDRESS OF FA	ACILITY				Maryland	į.
60	1/2	(O)	wes		Georg	ge J. Gor	nce F					
- Vien	mer	COO				Ritchie					a. 21225	
23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin- disease or condition resulting in death)	art fallura. Li	Intrac	on sech line	al Hem	morrha		ch as cer	diac or respir	atory erra	est,	Approximat Interval Bet Onset and I	wean
		DUE TO (OF	AS A CONSE	QUENCE OF):				·				
Sequentially list condition	b.		re Dis									
if any, leading to immed	llata	DUE TO (OF	AS A CONSE	QUENCE OF):								
CAUSE (Disease or Injur		DUE TO OF										
that initiated events resulting in death) LAST		10 (O)	AS A CONSE	QUENCE OF):								
	d.											
PART II. Other significan	nt conditions	contributing to da	ath but not	resulting in	tha underlyle	ng ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FING	DINGS
Liver	Cirrho	Sis						PERFORI 1 TES 2			AVAILABLE PRIOR TO COMPLETION OF CAI	
									X		OF DEATH?	,
												·
25. WAS CASE REFERRED TO EXAMINER?						LACE OF DEATH (C/	heck only o	ne)				$\neg$
1 TES 2 NO		HOSPITAL:	NOutpatient 3		THER:  Nursing Ho	ne 5 🗆 Residence	6 □-Oth	er (Specify)				
27. MANNER OF DEATH		28a. DATE OF IN. (Month, Day,		28b. TIME C		JURY AT ORK?	28d. DE	SCRIBE HOW IN	JURY OCC	UREO		$\neg \neg$
	ending rvestigation					YES 2 NO						
	Could not be letermined	28e, PLACE OF In building, etc.	IJURY — AI ho . (Specify)	ome, ferm, stre	et, factory, offi	00		CATION (Street ar or Town, State)	nd Number (	or Rural A	oute Number,	
29a. CERTIFIER 1 CERTI	FYING PNYSICE	AN: To the best of my	knowledna de	ath occurred	at the time of	and place and div	to the c			_		$\dashv$
		On the basis of exem									and manner se stat	
296. SIGNATURE AND TITLE				e e e e e e				, , , o o , o i o				-
CIII		-				29c. LICENSE NU					(Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE (	OF DEATH (ITE	M 27) (Tuna D	rint)	N/A				7/30	/93	
						C3	77 -					
31. DATE FILED (Month, Day, )	bar)	32. REGISTRAR'S	SIGNATURE	o mar	yrand	General	ноsp:	rtal				$\dashv$
AUG 0 3 19	393	1a, M.D. 32. REGISTRAR'S	- Mary	AL.								

M

STATE	0F	MARYLAND	/ DEPAI	RTMENT	OF HEALTH	AND	MENTAL	HYGIEN
					OF DEA			REG. NO.
		TATE	RESTAIN	TR.	MINISTER STREET	DV TE		

1. DECEDENT'S NAME (First, Middle, Leet)  LAWRENCE E.  LAWRENCE E.		REG. NO.							
I /- AW NENICE WAY DRIDI	2.0	TE OF DEATH	3. TIME OF DEATH						
	INDER 1 YEAR IF UNDER 24 HRS. 7. DA	TE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)						
0-18 02 30/1/-	12-23-18 VIRGINIA  96. CILY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH								
1/4	BALTIMORE	8e. COO	NTY OF DEATH						
MARYLAND BALTIMORE CAT	WN OR LOCATION TONS VILLE		10d. INSIDE CITY LIMITS? 1 YES 2 X NO						
10. STREET AND NUMBER  2026 NORHURST WAY N  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Tyes 2 NO	101. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?						
2026 NORHURST WAY N.  11. MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ARMED.	21228		U.S.A.						
3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WARTOR DATES	13. WAS DECENDENT OF HISPANIC ORI If yes, specify Coban, Mexican, Puer 1 YES 2 NO Specify:	GIN7 (Specify Yes or No— to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work of kife. December of the kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. December of kife. Decemb	AL OCCUPATION  (one during most of working	16b. KIND OF BUSINESS/IND							
Elementary/Secondary (0-12)   College (1-4 or 5+)   MUSICIAN		MUSIC							
17. FATHER'S NAME (First, Middle, Last)		st, Middle, Malden Surname)							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)   5+  MUSICIAN  MUSICIAN  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  MUSIC  17. FATHER'S NAME (First, Middle, Last)  HUNTER B, WOOLDRIDGE  ANNIE NASH									
196. INFORMANT'S NAME (Type/Pfint)	RESS (Street and Number or Rural Route N								
JUYCE M. WOOLDRIDGE (WIFE) 2026 NO		ATONSVILLE,							
20a. METHOD OF DISPOSITION 1   Burlet 2 1 Cremation 3   Removal from State 4   Donation 5   Other (Specify)	TORY 8-3-93	CATONS V	City or Town, State LLE, MARYLAND						
22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE CATONSVILLE, MD. 21									
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Metastatic Prostate Concer.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
II CAUSE Enter LINDERLYING	CAUSE. (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.								
CAUSE (Disease or injury that initiated events resulting in desth) LAST  c									
	a undariying cause given in Part i.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
PART II. Other significant conditions contributing to death but not resulting in the	a undariying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
PART II. Other significant conditions contributing to death but not resulting in the	a undariying cause given in Part i.	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PART II. Other significant conditions contributing to death but not resulting in the  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  NOPPITAL: OTHER	28. PLACE OF DEATH (Check only MER:	PERFORMED?  1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PART II. Other significant conditions contributing to death but not resulting in the  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending  28. DATE OF INJURY (Mornin, Dey, Year)  28. DATE OF INJURY (Mornin, Dey, Year)	28. PLACE OF DEATH (Check only HER: Nursing Home 5 - Residence 6 - Or	PERFORMED?  1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO						
PART II. Other significant conditions contributing to death but not resulting in the  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO   Topatient 2   ER/Outpetient 3   DOA 4      27. MANNER OF DEATH   28e. DATE OF INJURY (Month, Dey. Year)   29b. TIME OF INJURY (Month, Dey. Year)	28. PLACE OF DEATH (Check only HER: Nursing Home 5 Residence 6 Of 28c. INJURY AT WORK? 1 YES 2 NO factory, office 28f. L	PERFORMED?  1 YES 2 NO  one)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
PART II. Other significant conditions contributing to death but not resulting in the  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Natural 5 Pending Investigation  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY	28. PLACE OF DEATH (Check only HER: Nursing Home 5 Residence 6 Of 28c. INJURY AT WORK? 1 YES 2 NO factory, office 28f. L C	PERFORMED?  1 YES 2 NO  one)  ther (Specify)  DESCRIBE HOW INJURY OCC  DOCATION (Street and Number iny or Yown, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  Or Rural Route Number,						
CAUSE (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d	28. PLACE OF DEATH (Check only HER: Nursing Home 5 Residence 6 Of 28c. INJURY AT WORK? 1 YES 2 NO factory, office 28f. L C	PERFORMED?  1 YES 2 NO  one)  ther (Specify)  DESCRIBE HOW INJURY OCC  DCATION (Street and Number ity or Town, State)  couse(a) and manner as state and place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  Or Rural Route Number,						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  28e. DATE OF INJURY (Month, Dey. Year)  28e. PLACE OF INJURY — Al home, farm, street, building, etc. (Specify)  29e. CERTIFIER  29e. CERTIFIER  29e. CERTIFIER  29e. CERTIFIER  29e. DATE OF INJURY — Al home, farm, street, building, etc. (Specify)  29e. CERTIFIER  29e. SHONATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types-Drint)	28. PLACE OF DEATH (Check only HER: Nursing Home 5 Residence 6 Of 28c. INJURY AT WORK? 1 YES 2 NO fectory, office 28f. L C the time, data and place, and due to the my opinion, death occured at the time, di	PERFORMED?  1 YES 2 NO  one)  ther (Specify)  DESCRIBE HOW INJURY OCC  DCATION (Street and Number ity or Town, State)  couse(a) and manner as state and place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  TURED  TURED  TO Rural Route Number,  and.  SIGNED (Montr) Day, Year)						

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F notified a pe must medical examiner the traumatic event. Wher this certificate has been signed by the attending physician and corneath with the State Dept. of Health and Mental Hygiene prior to buriat, marked, or Item 23 shows any Injury, or other traumatic es

After I

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item 28

IMPORTANT: If

BE

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THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af 8 filed within 72 hours after de

23

93 22444 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 010 susie 8. AGE (In yrs. last birthday) 5. SFX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig 1 | M 2 F 01-03-9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Mt. Airy 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4101 Baltimore National Pike 21771 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Domestic Jobs Domestic 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Malden Surname) BE Joseph Dixon Mary Worthington 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 Carter Smith 6413 Lochridge Rd. Columbia, MD 21044 20s. METHOD OF DISPOSITION
1 \$\overline{Q}\$ Burlal: 2 \( \subseteq \text{Cremation 3} \subseteq \text{Removat from State} \)
4 \( \subseteq \text{Donation 5} \subseteq \text{Other (Specify)} \) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE cometery, crematory or other place) Crestlawn Mem. Gardens 8/5 Marriottsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) 10 nuan Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition argiac MINUXED reaulting in death) DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immadista cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO Ingeninal COMPLETION OF CAUSE 1 | YES 2 | NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Realdence a Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPL

1 Z CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (North Day, Year)

D065

LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50

32. REGISTRAR'S SIGNATURE

. A EP 12 T 1 S f n.o.

Salaria Maria I I Arry Constitution

IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
AUG 0 3 1993

	FOR 1 - STATE REGISTRAR	STATE DF MAF			MENT OF CATE OF			MENI	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	FRANCI B. W		ELE.					TE OF DEATH	7-9	3.	TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 215-28-6366		AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (if not institution, give	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		-	- IIIWER LITY DA		
TOR		96. FACILITY NAME (If not institution, give street and number)  PREATER LAUREI BEITSVILLE HOSPITE LAURE PRINCE VERRYES  RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	ce George's	5		LAUR					10d. INSIDE CITY LIMITS? 1 YES 2/1/ NO		
RAL	10e. STREET AND NUMBER  330 MAR	U IEE	1 44/	-	10	r. ZIP COO	07	7 7		United States		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IED O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— H yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 O NO Specify:  Specify:   Specify:   Specify:   Specify:   Specify:   H					American Indian, /hita, atc.				
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	(Giv	EDENT'S USUAL OCCUPATION  a kind of work done during most of working by NOT use retired.)  Self-employed  Restauran							Out		
BE CON	17. FATHER'S NAME (First, Middle, Lest)  Francis I. Wetzel Catherine M. Nolen								olen			
TO B	Mrs. Edna C. Wetzel  19b. MaiLing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8330 Mary Lane Laurel, Maryland 20723											
	28s. METHOO OF DISPOSITION 1 🖒 Xuriel 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	Glen H	aven	Memori	al P	metory or ark			Burni		aryland
	21. SIGNATURE OF FUNERAL SERVICE	Holynik	)		Pro NAME V	ast	Fune Pata	ral Psc	Home of o Avenue	f Broo e Balt	klyn imor	21225 e, Md.
	23. PART I. Enter tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse	on each line.				ring, auc	h aa c	cerdiac or respi	ratory arres	t,	Approximata Interval Between Onset and Death
NO	disease or condition											
CATIC	if any, leading to immediata cause. Enter UNDERLYING	DUE 10 (OR	AS A CONSEC	UENCE OF	·):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE OF	7:							
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	na contributing to de	ath but not re	eaulting i	n tha undarlyi	ng cause	given in	Part I	24s. WAS AN PERFOR	MED?	AN CI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?  YES 2 NO
N: N												
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	VOutpatient 3	□ DOA	OTHER: 4 Nursing Ho	me 5 - F						
ВУ РНУ	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJ (Month, Day,	Yoar)	28b. TIMI	E OF 28c. IF	JURY AT ORK? YES 2			OEŞCRIBE HOW I	NJURY OCCU	REO	
	3 Suicide 6 Could not be 4 Homicida determined	28e. PLACE OF IN building, atc.	IJURY — At hor . (Specify)	ne, farm, s	street, factory, off	Ice		261,	LOCATION (Street of City or Town, State)	and Number or	Rurel Rou	te Number,
COMPLETED	one)	SICIAN: To the best of my IER: On the basis of axam										nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ire hel "	EXA	Mea	en	29c, LIC	6/	MBER .	52	29d. DATE S	27	10nth, Day, Year) -93 UAZn'27.
_	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	LA - 2	27) (Type,	Print)		R	/ ,	HILL	h /	1. 1	40202

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-00-0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attend	eath. Page 6 may be retained by the hospital or attend and an analysis
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or centonal.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the permit. Pages 1, 2, 3 should be to health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	caminer must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	OXIE M. WI	YKER.					YE YE	AR - 2/2		
	4. SOCIAL SECURITY NUMBER			-		81	1 9			
			(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	SIRTHPLACE (State or Foreign Country)		
	220-30-1650	1 - M 2 5 F	SS YRS.	WONTES DATE	HOURS WIN.	(Month, Day, Year)	5	Kentucky		
	9e. FACILITY NAME (If not institution, give	street and number)	111	9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
Œ	Mercy Medica				Balto.City, Md.					
2	RESIDENCE OF DECEDENT									
ည္က	10e. STATE 10b. COUNT	ry	40. 007	/ TOWN: 00 : 00:	uAttr			10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland Balto.City, Md.									
	Maryland -		Ba	ito.C1	ty, Ma.		1 X YES 2 □ NO			
A	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
E		120 E.Randa	11 C+		21230		- 17			
ž	11. MARITAL STATUS						USA			
5	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	a or No 14. I	RACE — American Indian, Black, Whita, atc.		
ВҰ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES AT		2 NO Speci			specify:White		
	3 IX WIGORES 4 DIVORCES									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 11th.Grade  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Packer  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maklen Surname)								RY		
7	Elementary/Secondary (0-12) 11th.Grade	College (1-4 or 5+)		ker		Domino	Sugar	Co.		
Σ										
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malder				
BE	Alexander	_ ~ ~ _	Davis		Ada	l	Ru	ıth		
9	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street )	and Number or Runii	Route Number, City or Tox	un State 7in Code			
2	Mrs.Barbara I	D Wallaco				Balto.Md.				
	20e, METHOD OF DISPOSITION X Burlei 2 Cremetion 3 Rem	noval from State	PLACE AND DATE	F DISPOSITION (No	ame of	DATE 20c. LC	CATION - City	or Town, State		
	4 Donation 5 Other (Specify)	*H	oly cro	S'S'Cem	etery 8	3/3/93 A	.A.Co.	.Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	D ADDRESS OF FA	Balto.N	1d 21'	230		
	V - V	LINC								
	Some of	Atreben	1.	McCu	11y Fur	eral Hom	e.130	E.Fort Ave.		
	23. PART I. Enter the diseases, or	complications that caused	the death. Do n	ot antar tha mo	de of dying, suc	h as cardiac or read	iratory arrest.	Approximata		
	snock, or heart failure.	Liat only one cause on e	ach line.		75		,	interval Batwean		
1	iMMEDIATE CAUSE (Final disease or condition							Onset and Death		
	resulting in death)	e. Metasta  DUE TO (OR AS A	tic Luna	canc	4R			6 mo.		
- I	(	DUE TO (OR AS A	CONSEQUENCE OF	)j						
z		· COPD-								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF	):						
<b>₹</b>	cause. Enter UNDERLYING							j		
윤	CAUSE (Disease or injury	C. DUF TO (OR AS A	CONSEQUENCE OF	١.						
E	that initiated eventa resulting in death) LAST		OUNDEDOLINOE OF	,.				i		
與川		d								
31	PART II. Other significent condition	na contributing to death b	ut not requition i	a the codedule.	a manufactura ta	Post I Law sure su				
EDICAL		to death b	at not resulting i	the underlyin	j ceuse given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă						1 _ YES :	N NO	COMPLETION OF CAUSE OF DEATH?		
ME							7			
								1 NES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
$\overline{c}$	EXAMINER?	HØSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)				
S	1 - YES 2 NO	Inpatient 2 - ER/Outp	atient 3 DOA		e 5 🗆 Residence	8 Other (Specify)				
ΞI	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			28d. DEŞCRIBE HOW I	NJURY OCCURE	D		
	1 Natural 5 Pending	(Month, Day, Year)	INJI		RK? /ES 2 NO					
E I	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	At home from a							
	4 Homicide 8 Could not be detarmined	building, atc. (Spec	//y)	reet, tactory, onic	•	28t. LOCATION (Street : City or Town, State)	and Number or Ru	iral Route Number,		
E 1										
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	edge, death occurre	d at the time date	and place, and due	to the equates and ma-				
2		R: On the beals of examination								
COMPLETED				, army opinion, a	een occured at the	ume, cata and place, an	due to the cau	se(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)		
	Alle mo						D 81	193		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)			91	112		
	Mercy Medic			7						
_	31. DATE FILED (Month, Day, Year)		,							
- / II	JI. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	AUG 0 3 1993	A								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL	HYGIEN REG. NO			2441
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH		:	. TIME OF DEATH
	Gloria Mari		erking				1-199		EAR	M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		8.	Country)	ACE (State or Foreign
	219-18-4922	1□M2対F 68	YRS.	WONTHS DATS	HOURS WIN.	02-1	7-192	5 B	alti	imore, Md.
~	9e. FACILITY NAME (If not institution, give				OR LOCATION OF D			9c. COUNTY	OF DEA	тн
DIRECTOR	7115 Chambers Road Baltimore City N/A									
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								Od INSIDE CITY	
듬	Maryland N/A		Ba	ltimore	City					LIMITS? YES 2   NO
	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEI		AT COUNTRY?
E	7115 Chambers Ro	ad			21234			U.S.A.		
FUNERAL	11. MARITAL STATUS	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	se or No. 14 RACE - American Indian			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		1 Tyee, sp	an, Puerto Ri fy:	cen, atc.)			White, etc.	
	-								hite	9
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of	CEDENT'S USUAL OCCUPATION  five kind of work done during most of working  Do NOT use retired.)				SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12)  12th Grade	College (1-4 or 5+)	Home Mai							
M	17. FATHER'S NAME (First, Middle, Last)		none Ma	KET	70-00-00-0		ome			
ŏ	James Ward				16. MOTHER'S NA Marie		ddle, Maiden	Sumeme)		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAD IN	G ADDRESS (Street a			- 01 7			
2	Diane L. Werking									150
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE	old Botto		OATE		CATION — CITY	-	
	1 N Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		metery, crematory or Parkwood			1				ryland
	21. SIGNATURE OF FUNERAL SERVICE LI		2027111000		O ADDRESS OF FA		1201	CIROLC	PE	ayran
	NK HILL	ha he	/	John	C. Mille	er, In	C.			yland 21206
	23. PART I. Enter the diseases, or	complications that cause	y the dath Do	6415	Belair F	Road,	Balti	more,	Mar	
	anock, or haart failure.	List only one cause on	aech line.	not enter the mo	de of dying, suc	ch as cardle	sc or respi	ratory errest	,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Moto	static	Colon	Bon	111				Onset and Death
	resulting in death)				COLVIC					
_	OUE TO (OR AS A CONSEQUENCE OF):									
흔	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
	that initiated events	DUE TO (OR AS	A CONSEQUENCE C	P):						
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlying	cause given in	Part I 2	4a. WAS AN	VSGCTILA	245 W	ERE AUTOPSY FINDINGS
<u>ა</u>							PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
						'	YES 2	NO NO	0	F OEATH?
≥						—			1	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 DOA	OTHER:			Specific)			
ᅔᆘ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. INJ	URY AT		-	JURY OCCUR	ED	
BY	Natural 5 Pending 2 Accident Investigation	(MONIII, Day, ISBI)			RK? 'ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spi	Y - At home, farm,	street, factory, office				nd Number or I	Rumil Rou	te Number,
	4 Homicide determined					City or	Town, Stete)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurr	red at the time, date	end place, end due	to the ceuse	e(e) end men	ner ee stated.		
One) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) end manner as stated.									nd manner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI					onth, Day, Year)
BE	1).	Mimon				480		<b>&gt;</b>	1/2	93
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	, Print)	1			- 0	//	
	Fernando Ferro, M	4.D., 5810 B	elair Roa	ad. Balt	more M	arvlar	nd 211	206		İ
	31. DATE FILED (Month, Day, Year)	, 32. REGISTRAR'S SIG	NATURE			AL YICI	M 614	200	=	
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	MARYLAND / DEPARTMENT CERTIFICATI	E OF DEATH		E	
1. DECEDENT'S NAME (First, Middle, Last)  ERMA V. ZENTZ	CERTIFICATI	E OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DATE		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX	La see a constant and		8 - 2	- 199	
220-44-2419 1□ M 2 X F	8. AGE (In yrs. lest birthday) IF UNDER  NONTHS  NONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and number)	80		11-8-19		MD.
COLLEGE MANOR INC.		r, town or location of d UTHERVILLE		9c. COUNTY  BAI	GTO.
10a. STATE 10b. COUNTY	10c. CITY, TOWN (	OR LOCATION		_	10d. INSIDE CITY
MD. BALTO.	LI	UTHERVILLE 101, ZIP CODE	<u> </u>	10a CITIZEN	LIMITS?  1  YES 2 NO  OF WHAT COUNTRY?
300 W. SEMINARY AVE		2109	13		5.A.
11. MARITAL STATUS 12. WAS DECEDEN	NT EVER IN U.S. ARMED 13	WAS DECENDENT OF HISPA			PACE — American Indian,
IE VEG CIVE V	YES 2 NO	If yes, specify Cuban, Mexic 1 YES 2 NO Speci	Black, White, atc.		
3 Wildowed 4 Divorced	THE ON DATES	T TES 2 DE NO Speci	ry:		Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	16a. DECEDENT'S USUAL Of (Give kind of work done ilfe. Do NOT use retired.)		RY		
12	HAIRDRESS	ER	ВЕАП	TICIA	N
17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden		
ARCHIBALD R. ZENTZ			HERINE BR		NCH
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS	S (Street and Number or Rural			
SAUNDERS ALMOND JR.		26134 BA			
20a, METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOS				
1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or other place) PARKWOOD CE			CATION — City	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		M .  NAME AND ADDRESS OF FA		RKVIL	LE,MD.
William K. Pa	va III	HENRY W	. JENKINS		NS CO. MD 21212.
Sequentially list conditions,	COLLAND  (OR AS A CONSEQUENCE OF):  COLLAND  (OR AS A CONSEQUENCE OF):		R		Onset and Deal
cause. Enter UNDERLYING					
cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		nderlying ceuse given in	Part I. 24a, WAS AN PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		iderlying ceuse given in	PERFOR	MEO?	COMPLETION OF CAUSE
CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions contributing to			PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions contributing to EXAMINER?  To the cause of Injury that initiated events resulting in death) LAST  C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	death but not resulting in the un	26. PLACE OF DEATH (C)	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions contributing to  25. WAS CASE REFERRED/TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inputlant 2	death but not resulting in the un	26. PLACE OF DEATH (C) R: sing Home 5 ☐ Rasidence	PERFOR  1 YES 2  veck only one)  8 Other (Specify)	MEO7	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions contributing to  25. WAS CASE REFERRED/TO MEDICAL EXAMINER?  1 YES 2 NO  1 Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input Input	death but not resulting in the un	28. PLACE OF DEATH (C/ R: sling Home 5 ☐ Rasidence 28c. INJURY AT WORK?	PERFOR	MEO7	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF OEATH  1 Neturel 5 Pending Investigation  1 Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Support Supp	death but not resulting in the un	28. PLACE OF DEATH (C/ R: sling Home 5	PERFOR  1   YES 2  Peck only one)  8   Other (Specify)  28d, DESCRIBE HOW IN	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO d	death but not resulting in the un	28. PLACE OF DEATH (C/ R: sling Home 5	PERFOR  1 YES 2  veck only one)  8 Other (Specify)	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF OEATH  1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be	DER/Outpetient 3 DOA OTHER Sey, Veer)  SINURY Sey, Veer)  SF INJURY At home, farm, street, factured. (Specify)  Try knowledge, death occurred at the til	26. PLACE OF DEATH (C/2) R: sing Home 5 ☐ Rasidence 28c: INJURY AT WORK? 1 ☐ YES 2 ☐ NO ory, office	PERFOR  1 YES 2  Peck only one)  8 Other (Specify)  28d, DESCRIBE HOW IN  City or Town, State)	JURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNED OF OEATH  1 Neturel 5 Pending Investigation 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of si	DER/Outpetient 3 DOA OTHER Sey, Veer)  SINURY Sey, Veer)  SF INJURY At home, farm, street, factured. (Specify)  Try knowledge, death occurred at the til	28. PLACE OF DEATH (C/ R: aling Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO ory, office	PERFOR  1 YES 2  Seck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(a) and man time, data and place, and	JURY OCCURE  Ind Number or Ru  There as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note that the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Inmicide Phomicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner.	Description and or resulting in the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the understand the	26. PLACE OF DEATH (Cr. R: sing Home 5 Rasidence 28c. INJURY AT WORK? 1 YES 2 NO ory, office  Ime, date and place, and dus plnion, death occured at the	PERFOR  1 YES 2  Seck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  to the cause(a) and man time, data and place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Oural Route Number,



10 THE FUNETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit per	IUTHE FUNEYLIAL UK ALTENDING PHYSLIAN, he law requires that the death certificate be executed within 15 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit must be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e attending physician and completely med in by the funeral director, page 5 should be detached for use as the bunal-tran	tending prysiciar and completely filled in by the funeral director, page 5 should be detached for use as the burial-train al Myglene prior to burial, cremation, or removal.
	21 Nyjehe phor to buna, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT.
CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)

AL HYGIENE 93	22449
TE OF DEATH DAY 93	3. TIME OF DEATH
e OF BIRTH oth, Day, Year)	BIRTHPLACE (State or Foreign Country)
	r of DEATH arford
	10d. INSIDE CITY LIMITS?  1 YES 2 XNO
	N OF WHAT COUNTRY?
	4. RACE — American Indien, Black, White, atc. Specify: White
Beth. Steel	
Middle, Maiden Surname)	
mber, City or Town, State, Zip Co. L. Md. 21160	ode)
173 Balto.,1	
& Son Inc.	6224 Eastern Ave.
rdiac or reapiratory arres	
usi	
24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
one)	

	Leon Joseph Moskal Worth 08 01 93 YEAR M														
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7. DATE OF B	нтн	8. BIRTH	PLACE (State or Foreign			
	215-07-4170	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	OG O	3 06	Country	Md.			
	Sa. FACILITY NAME (If not institution, give str	eet and number)					R LOCATIO		ATH	9c. 0	OUNTY OF DE	ATH			
6	4352 Cooper Road					Whit	efor	d			Harf	ond			
ᇤ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION				10d. INSIDE CITY				
DIRECTOR	Md. Ha	rford		Whiteford							LIMITS?  1  YES 2 NHO				
	10e. STREET AND NUMBER	-		101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	4352 Cooper Road	1					211	60			U.S.A.				
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F NISPAN	IC ORIGIN? (Sp	ecify Yea or No-	- 14. RACE	American Indian, , White, atc.			
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WIRK OR DATES			JNO			2 NO		n, Puerto Rican	, etc.)	Specif	9:1112 · 4			
	1727-1720										specify: White				
H	(Specify only highest grade completed)				DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use retired.)						OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)								Be	the Ste	el.				
OM	17. FATNER'S NAME (First, Middle, Last)						16. MOTI	IER'S NAI		, Malden Surnam					
BE C	John Moskal							Ann	a Slov	ic		1000			
TO B	19a. INFORMANT'S NAME (Type/Print)									ity or Town, State					
F	Lorraine M. Kief				Coop	er R	d. W	rite	ford, M	d. 2110	50				
	20e. METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Remo	val from Stata	20b. PLACI	E AND DATE	OF DISPOS	SITION (Na	me of	0	DATE	20c. LOCATION	- City or Ton	vn, Stata			
	4 Donation 5 Other (Specify)		St.	Stan	_				_	Balta					
	21. SIGNATURE OF FUNERAL SERVICE LICE			22.	NAME AN	D ADDRE	SS OF FAC	CILITY	5 0	622	tern Ave.				
		10 - Zev			U	rari	es s	Lei	ier G.	son Inc	Easi	tern Ave.			
	23. PART i. Enter the diseesea, or contact the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of t	omplications that	t coused the dise on each lie	deeth. Do	not enter	the mo	de of dy	ng, auci	h aa cardiac	or reapiratory	arrest,	Approximata Intervel Between			
	IMMEDIATE CAUSE (Finei	(	)	_		0			. 1			Onset and Death			
	disease or condition resulting in death)	V	rost	J		C	mc	en	with	1					
		DUE TO	(OR AS A CONS	EOUENCE O	FI:			4		1					
ON	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
AT	If any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
FR	resulting in death) LAST														
Ö	PART II. Other algnificent conditions	contribution to	death but not	. convictor	Im the se	ada ababa		alesa en la	Don't Lou						
MEDICAL	PART II. Other aignitions conditions	contributing to	deeth pat noi	remutung	m the ur	ideriying	) ceuse (	iven in	Part I. 24a	PERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED									1	YES 2 NO		OF DEATH?			
						-			_			1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chr	ack only one)						
PHYSICIA	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHEI	R:		SONO 1	6 Other (Sp	ac/fv)					
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. T/N	E OF	28c. INJ	URY AT	- I		E NOW INJURY	OCCURED	Co. 1			
ВУ Р	Natural 5 Pending Accident Investigation	(Month, D	lay, rear)	IN	JURY M		RK? (ES 2 [	] NO							
	3 Suicide 6 Could not be	26a. PLACE O	F INJURY - At I	home, ferm,	street, fac	tory, offic			28f. LOCATIO	N (Street and Nur	mber or Rural R	oute Number,			
	4 Homicide determined		otel (opcony)						City or 10	WII, SIERE/		10 10 1 100			
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge,	death occur	red at the 1	lme, data	and place	, and dua	to the cause(a)	and manner as	atated.				
COMPLETED		3: On the basis of e	xamination and/o	r Investigation	on, In my o	opinion, d	eath occur	ed at the	time, data and	place, and due	lo the cause(a)	and manner as stated.			
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	A 11.	<b>^</b>				29c. LICI	NSE NUN	IBER	29d.	DATE SIGNED	(Month, Day, Year)			
m	Low	411	30				0	1970	13	•	812	153			
٤/	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF OEATN (IT	EM 27) (Type	, Print)							-			
1			10.3							P		12 1			
0	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE			r-11				(3. )					
()	AUG 0 3 1993	Achie Device	m-North	- Components											

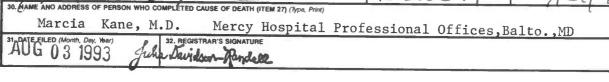
ages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, removal.  MEMORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 July 30 Sister Mary Laura Moore, M.H.S.H. 7:20 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Ybar)
Jan 6, 1905 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 214-56-8350 DAYS HOURS 1 M 2 X F South Carolina 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Villa-Joint Retirement Comm. DIRECTOR Rodgers Forge Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore County Rodgers Forge 1 - YES 2X- NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6806 Bellona Avenue (The Villa) 21212 USA 11. MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Seco 12 ndary (0-12) College (1-4 or 5+) Nun Religious Order 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) Hugh A. Moore Laura BE Jackson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Heart 2 Mission Helpers of the Sacred 1001 W. Joppa Road, Towson, MD 21204 20s. METHOD OF DISPOSITION
1/E| Burial 2 | Cremation 3 | Removat from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE New Cathedral Cemetery 8/2/93 Baltimore, Maryland Martin D. hawson 22. NAME AND ADDRESS OF FACILITY Dulaney Valley of Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd, Timonium, MD 21093 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, Approximeta ahock, or heert failure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition . atherosclera resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO ten PHYSICIAN: 1 ber 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF thJURY — At home, ferm, street, factory, building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the beals of ex mination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER D263 BE 29d. DATE SIGNED (Mon) Sens



**MARYLAND 21215-0020** 

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31. DATE FILED (Month, Day, AUG ()

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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR George F. Maykrantz July 29 93 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yea 5 SEY 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 63 DAYS 1X M 2 1 March 6, 1930 Maryland 218-26-2698 9e. FACILITY NAME (if not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1426 Barrett Road Baltimore County Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore County 1 YES 2 K NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1426 Barrett Road 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. burial If yes, specify Cuben, Mexican, F

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: BY Korea the 3 Widowed 4 Divorced White use as COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Years be detached Estimator Printing Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 76 William Maykrantz Wilhelmena Simon notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Ernestine M. Maykrantz 1426 Barrett Road Baltimore, MD 21207 e e 20s. METHOD OF DISPOSITION
150 Burlel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Veterans Cemetery 8/2 Garrison, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death Pe Pe disease or condition_ ancer una resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 50 amy injury. PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? shows : 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 100 OTHER: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28d, DESCRIBE HOW INJURY OCCURED marked, 28b. TIME OF 28c. INJURY AT WORK? Retural M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 3 Suicide 8 Could not be determined COMPLETED 28 4 Homicide Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as atsted. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITO
TO THE FUNERA
De filed within 7
IMPORTANT: 1 296. SIGNATURE AND TUBE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 2 PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) OF PERSON WHO CO



Janis makes - professor

BALTIMORE, MARYLAND 21215-0020	rhours after death. Page 6 may be retained by the hospital or attending physicia	lied in by the funeral director, page 5 should be detached for use as the burial-tr, or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) EIMER J.	MILLS			2. DATE OF DEATH	- 93	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213-07-4678	5. SEX 6. AGE (In yrs. In:	YRS. SF UNDER 1 YEAR DAYS		7. DATE OF BIFTIN (Morth, Day, Year) Aug 22	8, Biff Coo	ITNPLACE (State or Foreign untry)				
TOR	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  3601 GREEN WAY  BALYIMORE										
DIRECTOR	104. STATE 10b. COUNTY		10c. CITY_FOWN OR LOC	ATION -			10d. INSIDE CITY LIMITS? 1 PYES 2 NO				
FUNERAL	3601 GRC	coway Aj	1704	Idi. ZIP CODE	.18	10g. CITIZEN O	F WHAT COUNTRY?				
BY FU	11. MARITAL STATUS 1 Newer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES	NO If yes, t		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	Bi	ACE — American Indian, ack, White, etc.				
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OCCUPATION of work done during in the bind of work done during in the bind of work done during in the bind of work done during in the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the bind of the	nost of working		SINESS/INDUSTRY	1				
COMPL	17. FATNER'S NAME (First, Middle, Last)  SARUCL	Hills	Forces	7	ME (First, Middle, Maider		4				
TO BE	19a. INFORMANT'S NAME PROPERTIES -	/ : / = 0	b. MAILING ADDRESS (Street		Route Number, City or Tox	wn, State, Zip Code)	NI 11202				
	20e. MÉTHOD OF DISPOSITION 1 @ Burist 2 Cremetion 3 Remon		AND DATE OF DISPOSITION (	. 00.	DATE 20c. LI	OCATION — City or	Town, State				
	21. SIGNATURE OF RUNERAL SERVICE LICE	NSEE Paris		AND ADDRESS OF FA	CHITY	NO JA	F.H. ziny				
	23. PART I: Enter the diseases, or each shock, or heart-failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on each line	hadenfar	tin a fu	the as cardiac of responding	platic	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	PD and	in and c	bon EHF	ч.					
AL I	PART II. Other significent conditions	contributing to death but not	resulting in the underlyl	ng cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATN (Ch			1 YES 2 NO				
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHER:	me 5 Residence							
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	NJURY AT YORK?	28d. DESCRIBE NOW	INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)		YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,				
COMPLETED		IAN: To the best of my knowledge, do: On the basis of axamination and/or									
BE	Se Se A CENTRAL	() Italia		29c, LICENSE NUI			ED (Marth, Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON WHO	CHARLES COMPLETED CAGS OF DEPTH ATE	AVenue Print)	I VIKT	/3	O	175				
1	31. DATE AU GONTO DOS 35 1993	Baltimore,	Maryland 21:	201							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR	011112 01 1111	CERTIF	ICATE OF	DEATH		G. NO.		1
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH
OSCAR WALTER	MAIER				July 3	30. 1993	YEAR	7:45 a _M
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BU	RTH		IPLACE (State or Foreign
177-05-6692	1 √2 M 2 □ F	79 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 2	1" 1914	Pen	nsylvania
9a, FACILITY NAME (if not institution, give s	44		9b, CITY, TOWN	OR LOCATION OF D			UNITY OF D	
	Apt. 35		Balti			36.00	UNIT OF E	CAIN
10a. STATE 10b. COUNTY	Y	10c. CI	TY, TOWN OR LOCA	TION				10d, INSIDE CITY
Maryland		Ra	ltimore					LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		Da		r. ZIP CODE		10a. Cr	TIZEN OF Y	WHAT COUNTRY?
108 W. 39th St.	_			21210			.S.A	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 ZNO	13. WAS OF	CENDENT OF HISPA Decity-Cuban, Mexica S 2 1 NO Specif	NIC ORIGIN? (Spi an, Puerto Rican, y:	etc.)	14. RACI Blaci Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED (I)		S USUAL OCCUPATE		18b. KINO	OF BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT I	use retired.)					
12 years		Distric	t Manage	er	G.M	A.C.		
17. FATHER'S NAME (First, Middle, Last)		The second second		10. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
Oscar H. Maier				Helen	Carbine	2		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, Cit	y or Town, State, Z	ip Code)	
Audrey M. Anders	on (Dtr.)	28 M	alibu Ct	. Baltim	ore, MD	21204		
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			OATE	20c. LOCATION -	- City or To	own, State
1 Donation 5 Other (Specify)	oval from State	Greenmoun	Cremat	ory	Aug.2	Baltimo	re. l	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENTEE O		22. NAME A	ND ADDRESS OF FA		-		
home / ose	who back		Mito	chell-Wie	defeld	Home In	ic.	
Thomas Joseph 23. PART I. Enter the diseases, or o				York Rd				1212
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	oue to (o	R AS A CONSEQUENCE (	DF):					
resulting in death) LAST	d							
PART ii. Other significant condition	a contribution to de	ath had not a said a			- I -			
Chronie Bronch	Bronch	Setti but not rasulting	in the underlyin	ig ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 HO	7 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2. NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	D(0,4=4)=4 0 0 004	OTHER:					
27. MANNER OF DEATH	28a. DATE OF IN	R/Outpetient 3 DOA  JURY 28b. Til		ne 5- Residence				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Ybar) IN	M 1	ORK?	200. DESCRIBE	E HOW INJURY O	CCOHED	
3 Suicide e Could not be 4 Homicide determined	28a. PLACE OF I building, etc	NJURY — At home, farm, c. (Specify)	street, factory, offic	be	281, LOCATION City or Town	(Street and Numbers, State)	er or Rural I	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE		y knowledge, death occur nination and/or investigat						a) and manner as stated.
296, SIGNATURE AND WILE OF CENTIFIED	1			29c. LICENSE NUI	MBER	29d, DA	TE SIGNED	(Month, Day, Year)
Thethet 1				1338	97	<b>•</b>	7/20	193
30. NAME AND ADDRESS OF PERSON WH						- (	739	
Robert Vissing M		N. Charles	St. Bal	ltimore,	MD 212	218 3	Suite	5G
AU 6 0 3 1993	32. REGISTRAR'S	SIGNATURE						

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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-703 9/1/93 t.t

93 22454

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	HYGIENE REG. NO.	93	2	2454
		1. DECEDENT'S NAME (First, Middle, La		Ma mmil Eliza	7		2. DATE MONTI	OF DEATN	r Y	EAR 3.	TIME OF DEATN
		ANNA 4. SOCIAL SECURITY NUMBER		MATTHEWS	F UNDER 1 YEAR	IF UNDER 24 HRS.	0.7	28 OF BIRTH	1993	al.e	CE (State or Foreign
9		217-56-5587	1 □ M 2½ F	42 YRS.	ONTHS DAYS	HOURS MIN.	(Monti	-27-19!	51	SOUT	H CAROLIN
2, 3 should	стов	99. FACILITY NAME (If not institution, gh	WAY 2ND FL		BALTI	MORE	EATN		9c. COUNTY	OF DEATH	
Pages 1,	DIREC	10e. STATE 10b. COU		10c. CITY,	BALTIM				10d. INSIDE CITY LIMITS?  YES 2 N		
of permit.	ERAL	100. STREET AND NUMBER 1704 N. BROADW	AY 2ND FL.		10	r. ZIP CODE	.3		10g. CITIZEN OF WHAT COUNTRY? USA		
9029	BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	27 NO	If yes, sp	CENDENT OF NISPA ecity Cuben, Maxico 2 NO Specia	an, Puerto I	? (Specify Yee Rican, atc.)	or No— 14	Black, WI Specify:	American Indian, hite, etc.
21215 al or uniform	ETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during mo		16b	KIND OF BUS	INESS/INDUS		DLACK
ID Spital ospital for the for		12th	Conlege (I= 01 5 T)	DI	SABILIT	Y.					
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.	E COMPL	17. FATNER'S NAME (First, Middle, Last) OLIN MATTHEWS				18. MOTHER'S NA		Middle, Maiden S A DAVI:			
be retained to 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) ERNESTINE CARI	ER			MEDA BAI				-	18
B & G		20g, METNOD OF DISPOSITION 1 & Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)		PLACE AND DATE OF			/31/9		TIMORE		State RYLAND
ALT death. e funera al. exami		21. SIGNATURE ON FUNERAL SERVICE	3. Carl			BOX 6783	C	APLE F			•
P.O. BOX 68760. It certificate be executed within flours ending physician and completely filled in Li Hygiene prior to burial, cremation, or request of other traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart feiture in the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the pro	a. NARCOTIC INTO DUE TO (OR AS A  DUE TO (OR AS A	ach line.	enter the mo	age of dying, auc	on as care	nec or reepir	atory arres	,	Approximata Interval Batween Onset and Death
RECORDS requires that the digenerate of Health and Merith and Merithows any Injury	MEDICAL	PART II. Other algnificent condit	ione contributing to deeth b	ut not resulting in	the underlyin	g ceuse given in	Part i.	24s. WAS AN PERFORM	MED?	AVA COI OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES: 2 NO
The The hate hate Date Date	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PI	LACE OF DEATH (C	heck only on	e)			
F VI	1YS	1 X YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp		☐ Nursing Non	ne 5 🖺 Residence		r (Specify)	HIEV OCCUE	DED.	
NG PHYS fter this eath with marked		1 Natural Pending	(Month, Day, Year)	INJUF	IY WO	YES 2 X NO			JOH! OCCUP	NED .	
DIVISION OF VI- OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St. Nem 28 is marked, or It	red BY	3 Suicide SXX Could not	2 Accident  3 Suicide 8 XX Could not be building, stc. (Specify)					OHKHOM			
BI BI BI	COMPLET		YSICIAN: To the best of my knowl	ledge, death occurred			to the cau	use(s) and meni	ner ee stated.		
TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho	TO BE CO	29b. SCHATURE AND TITLE OF CERTI	re the			29c. LICENSE NU	MBER	and place, the	29d. DATE S	IGNED (Mo	onth, Day, Year)
	1	30, NAME AND ADDRESS OF PERSON	. KOROU M	111 Pe		reet, B	alti	more,	Mary	ylan	d 21201
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.		!						

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	withir	pletel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
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	1 - FOR STATE REGISTRAR	OF MARYLA		RTMENT OF		MENTAL HYGIEN		22455
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	HELEN MAY A	DERSON	Ande	rsen		10/V 3/	7. 196 Z	1 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Mgnth, Day, Year)	8. BIR	THPLACE (State or Foreign
	099-14-0404 1□M:	₹ 75	YRS.	MONTHS DAYS	HOURS MIN.	(Mghth, Day, Year) 4/21/18	Cou	intry)
	9s. FACILITY NAME (If not institution, give street and nu			9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY OF	N Y
Œ	6907 Lachlan Circle	Apt. C					111111111111111111111111111111111111111	imore
6907 Lachlan Circle Apt. C Towson  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  Md.  Baltimore  Towson  Towson								THOLE
Ä.	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
5	Md. Baltimor	'e		Towson				LIMITS?
A.	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	6907 Lachlan	Circlo		_ (	21239			
S	11. MARITAL STATUS 12. WAS I	ECEDENT EVER IN L	J.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Yes	U.S	
	1 Never Married 2 Married FORC	ES? 1 TYES	2 NO	If yes, s	pecify Cuban, Mexic S 2 X NO Spec	an, Puerto Rican, stc.)	Bit	CE — American Indian, ack, While, stc.
ВУ	3 🖄 Widowed 4 🗌 Divorced	, GIVE WAN ON DATE	<b>C</b> 5	1 1 11	S Z A NO Spec	ny:	Sp	ecify:
8	15. DECEDENT'S EDUCATION	1		USUAL OCCUPAT		18b, KIND OF BU	SINESS/INDUSTRY	White
Ш	(Specify only highest grade completed)  Elementary/Secondary (8-12)  College	1-4 or 5 +)	(Give kind of life. Do NOT u	work done during n se retired.)	ost of working			
립	12		D	ietitian		Moridi	an Multi	Medical
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		0.	LCCA CAGA	-	AME (First, Middle, Meiden		Medical
	Frank Blossick						Navotka	
B	19s. INFORMANT'S NAME (Type/Print)		405 14411 1014	1.0000000 (0)				
2						Route Number, City or Tow		
	Robert Andersen					Luthervill		
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	20b. P	LACE AND DATE bry, crematory or c	OF DISPOSITION (for their place)	lame of	DATE 20c. LO	CATION — City or	Town, Sists
	4 Donation 5 Other (Specify)			Memorial		-2-93	Baltimo	re
	21. SIGNATURE OF FUNERAL SERVICE ACCENSEE	-			ND ADDRESS OF F			
	Callyon	11				uneral Hom		
- 1	23. PART I. Enter the diseases, or complicati	one that caused t	he deeth. Do	not enter the m	York Rd	Towson, M	d. 21204	Approximeta
Z	ahock, or haert fellure. List only iMMEDIATE CAUSE (Final disease or condition resulting in death)	A SO TON AS A C	usin	e A	SOUR	-		Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C						
MEDICAL	PART II. Other algorificant conditions contribe	iting to deeth but	not resulting	In the underlyli	ng cause given in	Part I. 24a. WAS AN PERFOR	MED?	MARE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH (C	heck only one)		
25	EXAMINER?  1 YES 2 NO 1 Input	AL:	ent 3 T not	OTHER:				
PHYSICIAN:		DATE OF INJURY	28b, TIN		JURY AT	8 Other (Specify)  28d. DESCRIBE HOW I	N IIIDY OCCUPES	
	1 Natural 5 Pending	Month, Day, Year)		JURY W	ORK?	AOU. DESCRIBE NOW !	NOONT OUCUMED	
B	2 Accident Investigation	H ACE OF IN HIRDY	Al home for		YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	PLACE OF INJURY — pullding, etc. (Specify)	) al nome, farm,	street, ractory, offi	CS	281. LOCATION (Street of City or Town, State)	and Number or Rura	I Route Number,
COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the bas							o(s) and menner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2)02	in	ulla	LINE LINENSE NU	MBER 9303	29d. DATE SIGNE	ED (Month, Day, Year) -30-93
Ė	Charles FOT	EGISTRAR'S SIGNATI	H (ITEM 27) (Type	Print)	108 H	arda Ho	050	11 Hamlette
3	AUG 0 3 1993 Sulia	Deviden A	andatt					21

2 11 11		1 - FOR STATE REGISTRAR	STATE OF MARYL		PARTMENT OF I		IENTAL HYGI REG.		
		1. DECEDENT'S NAME (First, Middle, Las	Inn fire	rdu	LERDING		2. DATE OF DEAT		3. TIME OF DEATH
꾶		4. SOCIAL SECURITY NUMBER 056-42-7715	1 □ M 2 🕅 F	(In yrs. lest bin	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	64	BIRTHPLACE (State or Foreign Country)
. 2, 3 should	TOR	SECULITY NAME (If not institution, given the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the		ما		OR LOCATION OF DEA	Wq Md	~^	ralto. Co.
5/2	DIRECTOR	Maryland Pr	ince George's		noc. crry, rown on Location Andrews Air Force Base				10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. R. ransit permit.	FUNERAL	2114 B Madison				1. ZIP CODE 20335		U.S.	EN OF WHAT COUNTRY?
21215-0020 If or attending physician. For use as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XX YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPANI hecify Cuban, Mexican 3 2 A NO Specify:	C ORIGIN? (Specify, Puerto Rican, etc.	Yes or No- 1	4. RACE — American Indian, Bleck, White, stc. Specify: White
21 21 21 21 21	PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1.2	OUCATION de completed) College (1-4 or 5 +)	(Give k	ENT'S USUAL OCCUPATI ind of work done during me NOT use retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDU	
MARYLAND 2 retained by the hospital 5 should be detached fo notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last) William J. Spenc	er	Home	maker	18. MOTHER'S NAM	E (First, Middle, Me		
	TO BE	19a. INFORMANT'S NAME (Type/Print) William Alerding		19b. M/	ailing address (Street as #10	and Number or Rural Ro	oute Number, City or	Town, State, Zip C	'ode)
BALTIMORE, er death. Page 6 may bu the funeral director, page val.		20a. METHOD OF DISPOSITION  1 Serial 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	movel from State	PLACEAND etery, cremate ernda	DATEOFDISPOSITION (N. ry or other place) Le Cemetery	8/4	4/93 J	ohnstow	ne, N.Y.
BALTIMORE, is after death. Page 6 may be not be funeral director, page removal.	- (	Yought El	laber of		1050	Towson Fi York Rd.	Towson	, Md. 2	1204
24 hours filled in the fion, or real		23. PART 1. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	Brain	Fun	now (				at, Approximata Interval Between Onset and Death
executed and com burial,	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUE	ICE OF):				
E 5 5 5	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUEN	ICE OF):				
事事事	AL CE	PART II. Other algolificant condition	ons contributing to death be	ut not reau	iting in the underlyin	g cause given in P		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
RECO requires the sen signed of Health shows an	MEDIC							FORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
N: The law increte has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chec	k only one)		
PHYSICIAN: The this certificate I with the State	PHYS	1 YES 2 NO  27. MANNER OF DEATH	1 - Impetient 2 - ERUGInpe 28s. DATE OF Buildry (Month, Day, Year)	attent 3 () g	to TIME OF 26c. INJ	URY AT DRK?	V Other (Specify) 26d. DESCRIBE HO	1-1-	RED
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has I hours after death with the State Dept Item 28 is marked, or Item 23	ED BY	1 Netural 5 Panding 2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	281. LOCATION (Str City or Town, S	eet and Number or late)	Rural Route Number,				
DIVI PITAL OR AT RAL DIRECT 7 72 hours :	COMPLET	29st. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of mpanoes	edge, death o	occurred at the time, data	and place, and due to	o the cause(s) and	manner as stated	ı.
TO THE HOSPITAL OF THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 h	BE	296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUMB			SIGNED (Month, Day, Year)
	10	30. NAME AND ADDRESS OF THE OWN	HO COMPLETED CAUSE OF DEA	2 3	(Type, Print)//e/s	nzy V	Sy K.	5. 2	1204
	5	AUG 0 3 1993	32. REGISTRAR'S SIGNA	ATURE	,				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

les 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burisary be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -

	HEGISTHAN			HIIF	ICATE	F DEATH		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)  ARTHUR	5. BR	ANCH	+			2	DATE OF DEATH MONTH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-10-3632	5. SEX 1 X M 2 - F	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEA		upe 7	DATE OF BIRTH (Month, Day, Year) 2-1-192	1.0	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give st	met and number			AL OUTY TON	N OR LOCATION				
DIRECTOR	HARBOR HOSPIT					TIMORE		1	9c. COUNTY	OF DEATH
입	10e. STATE 10b. COUNTY	,		10a CIT	Y, TOWN OR LO					
<u>=</u>						CATION				10d. INSIDE CITY LIMITS?
	Md			Ba	lto					XX YES 2 NO
3	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	2624 Ridgely	Street				21230	)		U.S	S.A.
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT, FORCES? 1	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF H	ISPANIC	ORIGIN? (Specify Yea		RACE American Indian
2	1 Never Merried 2 Merried	JF YES, GIVE WAI	YES 2 ∐ N BORDATES.	0	If yes	specify Cuban, M	lexicen, P	verto Rican, atc.)		Black, White, etc.
BY	3 Widowed 4 Divorced	1943 TO	1946		1 '-	LO Z [Z] NO	specify.			Specify: BLACK
유	15. DECEDENT'S EDUC	CATION	16a. DEC	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUS	TRV
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ve kind of v Do NOT us	vork done during e retired.)	most of working				
귑	12th	College (I-4 of 3 +)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									
								(First, Middle, Maiden	Sumame)	
BE	Arthur Branch 190. INFORMANT'S NAME (Type/Print)	1				Sara		Brown		
2			196	T O C	ADDRESS (Stre	et and Number or f	Rural Route	Number, City or Town	, Stete, Zip Coo	de)
- 1	CAROLYN GUNN			706	N. KU	SEVALE	12 I K	REET BA	LIU.,	MD 21216
	20s. METHOD OF DISPOSITION 1 G Buriel 2 Cremetion 3 Remo	oval from State	comotoni cros	notoni or of	F DISPOSITION					or Town, State
	4 Donation 5 Other (Specify)		Garr	isor	Fore	st Vet	. 8	/9/93 0	wings	Mills, Md
i	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AND ADORESS C			577	
	► MILLONI C	1	- It							
	23. PART I. Enter the diseases, or c	amplications at at	CO 00		<u>  Mar</u>	ch F/H	-We	st 4300	Waba	sh Ave
	shock, or peart feliure. I	iet only one gaues	on esch ilne.	nn. Do n	ot antar tha	mode of dying,	such as	s cerdiac or reepi	ratory srrest	, Approximeta interval Between
	IMMEDIATE CAUSE (Final	SE	Dois							Onset and Death
	disesse or condition reaulting in desth)	75	P515							
		DUE TO (O	AS A CONSEQ	UENCE OF	):			-		
Z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQ	UENCE OF	):					
2	CAUSE (Disease or injury									
E	that initiated events	DUE TO (O	R AS A CONSEQ	UENCE OF	):					
E	resulting in death) LAST									
	PART II Other significant conditions	a contribution to d	ath had and a							
EDICAL	PART II. Other significant conditions	contributing to de	eath but not re	suiting i	n the underly	Ing ceuse give	n In Par	t i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă								1 - YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
M										1  YES 2  NO
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH	H (Check o	onty one)		
PHYSICIAN:	1 Tes 2 Mino	HOSPITAL:	R/Outpatient 3 [	DOA	OTHER:	ome 5 🗆 Reside	nce 6	Other (Specify)		
主	27. MANNER OF DEATH	28e, DATE OF IN	JURY I	28b. TIME		NJURY AT		d. DESCRIBE HOW IN	LIURY OCCUR	FO
	1 Natural 5 Pending	(Month, Day,	Year)	INJ	JRY	WORK?				
BY	2 Accident Investigation 3 Suicide & Could get be	26e. PLACE OF I	NJURY Al bor	a form o		1.0		t t controll con .	-141 4	
8	4 Homicide determined	building, at	. (Specify)	10, IEI111, o	reet, rectory, o	nice .	201	f. LOCATION (Street a City or Town, State)	nd Number or H	lural Houte Number,
COMPLET	and demonstra									
교	29a. CERTIFIER 1 CERTIFYING PHYSIC									
ó	one) 2 MEDICAL EXAMINER	t: On the beale of exam	nination and/or in	ventigation	n, In my opinior	, death occured a	t the time	, date and place, and	due to the ca	use(a) and manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE	NUMBER	1	29d, DATE SIG	GNEO (Month, Day, Year)
BE	yearly nameto	MO						1		.02 - 93 -
2	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM	27) (Type	Print)					12 ~
2			,							
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATURE	_	<del></del> -	_				
1	/ =	gelia Davido	70.	0.0						
	AUG 4 1993	11 - 120100	er - Mayor							

IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the line of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, ath with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.  The management of the model of the physician and completely filled in the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	Maryland  10e. STREET AND NUMBER  9515 Perry  11. MARITAL STATUS  1X Never Merried 2   Mer  3   Widowed 4   Divorced  15. DECEDE  (Specify only high  Elementary/Secondary (0-12)  N/A  17. FATHER'S NAME (First, Middle  Eugene J. Bo  19e. INFORMANT'S NAME (Type/I  Eugene J. Boc  20e. METHOD QE DISPOSITION 1   Burdel 2 N Cremation 1 4   Donation 5   Other (Specific States)  21. SIGNATURE OF FUNERAL SE    William   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition States   Disposition St
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of LAST  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pend Invest of LAST  2 Accident Invest of LAST  2 Accident Invest of LAST  2 MEDICAL  20. CERTIFIER (Check only one) 2 MEDICAL  3 LAME AND ADDRESS OF PER LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF LAST OF L
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Eugene Jacob Bochniak, Jr. 2. DATE OF DEATH 3. TIME OF DEATH BOCHNIAK, 07 YEAR 93 UGENE 10:19 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or For 212-94-9957 DAYS 1XXM 2 - F 30 Sept. 4,1962 Maryland FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ai Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY and Baltimore Baltimore 1 - YES 2 X NO AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5 Perry Hall Blvd. 21236 U.S.A. CTATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, etc. Married 2 Married red 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ry/Secondary (0-12) College (1-4 or 5+) /A School Teacher Carroll County Schools N/A S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ne J. Bochniak, Sr. Elizabeth A. Lanahan IANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, e J. Bochniak, Sr. (father) 9515 Perry Hall Blvd., Baltimore, MD 21236 D OF DISPOSITION

2 X Cremation 3 
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Metro Crematory or other place) on 5 Other (Specify) Baltimore, Maryland Inc RE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD Enter tha diseases, or complicatione that ceused tha death. Do not anter tha mode of dying, such as cardiec or reepiratory arreet, Approximete shock, or heart feilure. List only one cause on each line. intervei Between E CAUSE (Final Onset and Death condition END STAGE
DUE TO (OR AS A CONSCOUENCE OF): n deeth) lly list conditions, DUE TO (OR AS A CONSEQUENCE OF) ding to immediate isease or injury DUE TO (OR AS A CONSEQUENCE OF): ed events n death) LAST thar significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Kaposi's SARCOMA AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO E REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 V Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 2 NO OF OFATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation rel 1 YES 2 NO dent 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) ide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be Helde 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. URE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Queline OBATH (ITEM 27) (Type, Print) ACQ UELINE DAVIS

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	EFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of
	PITAL	RAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH		AL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH		3. TIME OF DEATH
		ack burn			0		19913	00:12 M
	4. SOCIAL SECURITY NUMBER 238 03/628	5. SEX 6. AGE (In yrs.	MON	MOER 1 YEAR IF UNDER THS DAYB HOURS	MIN. (Mo	E OF BIRTH onth, Day, Year)	7. 0 Co	RTHPLACE (State or Foreign unitry)
9	238 03/628  9a. FACILITY NAME (If not institution, give st	125M 2 □ F 8/	YRS.		mt	14 2,19	1.4	ILKS CO. N.C.
, 2, 3 should	GOOD SAMALIE RESIDENCE OF DECEDENT	TAN HOSP.	96.	BALTIMO	-	174	9c. COUNTY O	F DEATH
burial-transit permit. Pages 1, 2, 3  FUNERAL DIRECTOR	MARYLAND BAL	TIMORE CO		WN OR LOCATION	E			10d. INSIDE CITY LIMITS?  1 YES 2 NO
rial-transit permi	100. STREET AND NUMBER 4 ACRE COL	URT.		101. ZIP CODE	234		10g. CITIZEN O	F WHAT COUNTRY?
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es H	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	tone during most of working	7	66. KIND OF BUS	INESS/INDUSTR	r
	Elementary/Secondary (0-12)	College (L4 or 5 -)	POLLER	SHOP		BET.	14.57	EEL
# 1	17. FATHER'S NAME (First, Middle, Last) AUSTIN BLY	ACKBURN		18. MOTH	ER'S NAME (First	, Middle, Maiden	Sumame)	
TO BE	1941, INFORMANT'S NAME (Type/Print) Parmily Pa	ECORDS	196. MAJLING ADD	RESS (Street and Number	or Rural Route Nu	mber, City or Town	, State, Zip Code)	
wal examiner must be	20e. METHOD OF DISPOSITION 1 General Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries Suries	wal from State 20b. PLAC	E AND DATE OF DIS	SPOSITION (Name of	8	TE 20c. LOC	CATION — City on	Town, State
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val:	They	J. yar me	20677	8800 /	mero	RD F	CAR	ARKINUE,
medic:	23. PART 1. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that caused the list only one cause on each il	death. Do not e ne.	nter the mode of dyle	ng, such aa ca	ardiac or respir	atory arrest,	Approximate interval Between Onset and Death
d, cremation,	disease or condition resulting in death)	DUE TO (OR AS A CONS	SCULAY SEQUENCE OF:	Accident	(S1	roke)		Iday.
CG	Sequentially list conditions,	DUE TO (OR AS A CONS						
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							į
or other traumatic	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):					
ws any injury, EDICAL CI	PART II. Other significant conditions Advial Abril		t resulting in th	e underlying cause g	iven in Part i.	24a, WAS AN A PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows:								1 TES 2 NO
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DE	ATH (Check only	one)		
SIC	1 TES 2 NO	HOSPITAL:  1 Cinpatient 2 ER/Outpatient		HER: Nursing Home 5 - Rec	oldence 6 🗆 Oti	her (Specify)		
PH,	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	28d. D	ESCRIBE HOW IN	JURY OCCURED	
mark BY	Nsturel 5 Pending 2 Accident Investigation			M 1 YES 2	NO			
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street	, factory, office	28f. LC	CATION (Street or ty or Town, State)	nd Number or Run	al Route Number,
De med within 72 hours arief death with the State Dept. Of Feath and IMPORTANT: It litem 28 is marked, or item 23 shows any I O BE COMPLETED BY PHYSICIAN: MEDICA		EIAN: To the best of my knowledge, t: On the beste of examination end/o						
E CO	296. SIGNATURE AND TITLE OF CERTIFIER				NSE NUMBER	prece, and		IED (Month, Day, Year)
MPO	B. Lankachandr	a Resident	med:	cin			▶ 08	4 4
2 € 0	30. NAME AND ADDRESS OF PERSON WHO		TEM 27) (Type, Print		0.1	1	Ma	-1.3.



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ig physician.	ne burial-transit pen	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	ached for use as the		
be retained by the	ne 5 should be det		MPORTANT If Item 28 is marked or Item 23 shows any injury or other tranmatic event the medical evaniner must be notified at once
eath. Page 6 may	funeral director, par		raminer must h
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4G PHYSICIAN: Th	ter this certificate	ath with the State	narked or Herr
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93 22460 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF DEATH BURGGRA GROVE YEAR 7. DATE OF BIRTH (Month, Day, Year) 993 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (Sta 5-10-96 BALTIMORE, MD 1 W M 2 - F DAYS HOURS 916 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION,OF DEATH TOSEPH BALTO. CO 57. DIRECTOR TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ATIMORE 00 TIMONIUM 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21093 U. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cubar, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Block, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE W.W. COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of sille. Do NOT us ndary (0-12) Intery/Seco College (1-4 or 5+) WRITER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM BE 19a. INFORMANT'S NAME (Type/Print) 2 BOVE 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 8-3 20c. LOCATION - City or Town, State CITY MD 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY SVAN 25 morium ma 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, auch ae cerdiec or reapiratory errest, shock, or beart failure. List only one ceuse on each line. Approximeta interval Between IMMEDIATE CAUSE (Firm Onset and Death disease or condition DUE TO (OR AS A CONSE resulting in death) CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Paul MEDICAL 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? T YES 2 2 NO OF DEATHS Maken 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINEBO HOSPITAL 27. MANNER OF DEATH 28a. DATE OF INJURY (Morth, Day, War) 7-31-9 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Netural BY 1 YES 2 1 28e. PLACE OF INJURY COMPLETED 28f. LOCATION (S 4 | Hamicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my I MEDICAL EXAMINER: On the basis of 29d. DATE SIGNED (Month, Day, 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 938 2



AUG 04 1993

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	ALFRED  4. SOCIAL SECURITY NUMBER  216-14-8298  5a. FACILITY NAME (IV NOT INSTITUTION, give of 1217 BEL'KWOOD IT PRESIDENCE OF DECEDENT 10a. STATE 10a. STATE 10a. COUNT MARYLAND BAIL 10a. STREET AND NUMBER  1.217 BEL'KWOOD R  11. MARITAL STATUS  1 Never Married 2 M Married  2 Widowed 4 Devoced  15. DECEDENT'S EDU (Society only highest grade Elementary/Secondary (8-12)  9  17. FACHER'S NAME First, MARIE, Lest WILLIAM BOLKOWSK  19a. INFORMANT'S NAME (Specify)  MALIGATE K. BOLK  10a. METHOD OF DISPOSITION  1 SP Bursel 2 Cremestion 2 Rem 4 C Dougston 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LINE  22. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	Alfred  4. SOCIAL SECURITY NUMBER  216-14-8298  5. FACILITY NAME (If not institution, give street and number)  1217 Barkwood Road  FRESIDENCE OF DECEDENT  10. STATE  10. STATE  10. STATE  10. STATE  10. STATE  10. STATE  10. STATE  10. STATE  10. STATE  11. MARITAL STATUS  12. WAS DECEDENT  13. WAS DECEDENT  14. MARITAL STATUS  15. DECEDENT'S EDUCATION  (Socially only highest grade completed)  Elementary/Secondary (0-12)  9  17. FATHER'S NAME (First, Minths, Last)  William Borkowski  18. INFORMANT'S NAME (First, Minths, Last)  William Borkowski  19. SHOMATURE OF FUNERAL SERVICE UCENSEE  22. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause shock, or heart failure. List only one cause shock, or heart failure. List only one cause shock, or heart failure. List only one cause shock or heart failure. List only one cause shock or heart failure. List only one cause shock or heart failure. List only one cause shock or heart failure. 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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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217-68-1957		1 🖾 M 2 🗌 F	5	0	YRS.	WORTHS	DAYS	HOURS MIN.	1 7	7 24 1	12	Kor				
9a. FACILITY NAME (If not in	stitution, give st	treet and number)		_		9b. CIT	Y, TOWN	OR LOCATION OF	DEATH		9c. CO	UNTY OF D	DEATH		-	
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10e. STATE	10b. COUNTY	•			10c. CIT	Y, TOWN	OR LOCA	ATION					10d.	INSIDE CI	TY	
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11. MARITAL STATUS	and a second	12. WAS DECEDEN				13.	WAS DE	CENDENT OF HISPA	ANIC OR	IGIN? (Specify Ye	s or No-	14. RAC	E A	nerican in	dlan,	_
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17. FATHER'S NAME (First, M	licidie, Last)							18. MOTHER'S N	IAME (FI	st, Middle, Maider	Sumame)	)				_
Soon Won Ba	ang							Hae S	oon	Ahn	,					
19a. INFORMANT'S NAME (7	ype/Print)		_	198	. MAILING	ADDRES	S (Street	and Number or Rure			vn, State. 2	Zip Code)			_	_
Ran Yoe Bar	ng							orings R					21	.093		
200, METHOD OF DISPOSIT	ION		200	PLACE A	ND DATE	OF DISPO	SITION /A	ieme of		ATE 20c. LC		- City or To	_		-	
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23. PART I. Enter the d shock, or h	iseeses, or c eart fellure. I	complications the List only one ceu	t ceuse ise on e	d the de	ath. Dor	not ente	r the m	ode of dying, su	ich as	ardiac or resp	iratory a	rrest,		<b>Approxi</b>		100
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25. WAS CASE REFERRED TO	D MEDICAL						26 5	PLACE OF DEATH (C	Thook and	v one)						_
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27, MANNER OF DEATH		1 Inpatient 2 1		patient 3				me 5 Residence	_							_
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2 Accident	Investigation	200 01 405 0	E IN III			-		YES 2 NO	-							
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no Appricies																_
		CIAN: To the best of														
3 MEDI	CAL EXAMINE	R: On the beals of e	xaminatio	n and/or l	nvestigatio	n, In my	opinion,	death occured at th	ne time, o	data and place, a	nd due to	the cause(	a) and	manner as	stated.	
296 SIGNATURE AND TITLE	OF CERTIFIER	Da.	anh.	, M.	8			29c. LICENSE NO	UMBER		29d. D/	TE SIGNED	(Mont	h, Day, Yea	ur)	_
latinu to	Inc	MY !!	- wa	عل	6			DBIY	73		•	7/3	119	3		
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DE	ATH (ITEN	1 27) (Type,	Print)	-						- 14			_
PATRYCE A-	TOYE.	my 456	SHE	MLOC	ic co	NEW	M	ELLICOT	1 017	ry un	2110	Y >_				
31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGN	ATURE							- 100	1	_	_		-
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within \$2 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2. DATE OF DEATH MONTH 8

4. SOCIAL SECURITY NUMBER

Friedel (AKA Frieda)C. CRIST

	214-05-1858	1 M 2 X F				AYS H	IOURS MIN.	(Moi	E OF BIRTH oth, Day, Year)		Country)	ACE (State or Foreign
	0. FAOR CTV MARK **		86	YRS.					y 16 19		Germ	
œ	96. FACILITY NAME (If not institution, give s Charlestown Care						LOCATION OF	DEATH			TY OF DEAT	
5	RESIDENCE OF DECEDENT	center			Cato	nsvi	rite			Balt	imor	<u>e</u>
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR I	OCATIO	N				10	d. INSIDE CITY
		altimore					tonsvi	lle				LIMITS?
FUNERAL	713 Maiden Choice	e Lane	2206			101. ZI	21228				S.A.	T COUNTRY?
E I	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 XNO	If ye	s, specil	DENT OF HISP fy Cuban, Mexi NO Spe	can, Puerti	IN? (Specify Yes Rican, etc.)	s or No—	14. RACE — Black, W Specify:	American Indian, Thite, etc. White
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16	ia. DECEDENT'S	USUAL OCCL	PATION	of wasting	10	b. KIND OF BU	SINESS/INDU	STRY	
APLET	Elementary/Secondary (0-12) unknown	College (1-4 or 5		Homemal	work done duri se retired.) CET	ny most t	or working		Homema	aker		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Maxmilliam	SCHULT	rz			1			Middle, Melden a Leid			
10	19a. INFORMANT'S NAME (Type/Print) Susan Rezendes								nber, City or Tow rnold l		21012	
	20a. METHOD OF DISPOSITION 13 Burlal 2 Cremation 3 Ram	oval from State		ACE AND DATE						CATION — CI		State
- 4	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNDMAL SERVICE LIE	CENSEE /	prea	dowridg			ADDRESS OF		06 E1k:	ridge,	MD	
- 3	P	1	10	40	HU	BBAR	ED FUNI	ERAL	HOME, Balt:		M	21229
	23. PART i. Enter the diseases, or	complications the	ok carried th	ne death. Do								Approximate
Z	Sequentially list conditions	b. DUE TO	tast	MSEQUENCE O	ny B	rea	est	C	ince	V		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO	OR AS A CC	DNSEQUENCE O	F):				ince	V		
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

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4. SOCIAL SECURITY NUMB	CHAULK HEL	EN CLARA  6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	08/02/93		A RISTHE	5:30 P ACE (State or Foreign
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MD	BALTIMORE		BALT	TIMORE				1	LIMITS?
10e. STREET AND NUMBER			100	10	r. ZIP CODE		10g. CITIZ	ZEN OF WHA	T COUNTRY?
6401 LOCH R	AVEN BLVD	APT.639	9		21239		U.	S.A	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4X Divo	Married FORCES?	EDENT EVER IN U.S. / 1 YES 2X IVE WAR OR DATES	ARMED NO	If yes, s		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.) y:	or No-	Black, W	American Indian, Inita, atc. HITE
(Specify only Elementary/Secondary (0	EDEHT'S EDUCATION / highest grade completed) -12) College (1-4)		Give kind of the Do NOT us	USUAL OCCUPAT work done during m se retired.)	ON ost of working	16b. KIHD OF BUS BANK	INESS/IND	USTRY	
12 YEARS									
THOMAS J. C						ME (First, Middle, Maiden KALTERHAU)			
19a. IHFORMANT'S HAME (7)						Route Number, City or Town			100
JANICE L.			3491	WOODHOL	ME DRIVE	HAMPSTEAD	MD21	.074	
20a. METHOD OF DISPOSITI  1 N Burial 2 Crematio  4 Donation 6 Other	n 3 - Removel from Stat			OF DISPOSITION (A		08/05/93		TMORE	
21. SIGNATURE OF PUNERAL	SERVICE LICENSEE	) 4	nA	22. NAME A	ND ADDRESS OF FA	AD BALTIMO	FUNER	AL.HC	ME 2120
· mari	in A (2)	LODES	4/	V110 E	ELAIR RU	AD BALTIMO	RE, M	IAKYLA	ND ZIZO
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		E TO (OR AS A CONS	EOUENCE O	F):					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leas)		ERIII	ICATE	OF DEATH	2. DA	REG. NO	WA 115	3. TIME OF DEATH
	IRVIN CAMPBELL	JR (35	)			J	ULY 3		3 3-44 p
	110-Th-1924	SEX S. AGE OF THE	er birthday) YRS.	# UNDER 1			E OF BURTH	-	BUSTHPLACE (State or Foreign
- 1	Sis. FACILITY NAME (If not institution, give stre		THO.	Bb. CITY	TOWN OR LOCATION	OF DEATH	21-0	A COUNT	04/40, /// OF DEATH
DINECTOR	THE JOHNS HOPKIN	S HOSPITAL		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	TIMORE C			100000000000000000000000000000000000000	TIMORE
	10a. STATE 10b. COUNTY	7. 46	195-99	Y, TOWN OF	LOCATION	nit	_	-	10d. INSIDE CITY
. 18	110.		90	941	nore L	17			1 YES 2 NO
LONELWA	2703treet	unu At			10f. ZIP CODE	. 1/		10g. CITIZES	N OF WHAT COUNTRY?
	W - 1 - W	12. WAS DECEDENT EVER IN U.S. AL	AMED	13. W	AS DECENDENT OF	ISPANIC ORI	IN7 (Specify Ye	s or No 14	RACE — American Indian.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 I	NO	11	yes, specify, Cuban, I YES 2 NO	Residen, Puerl	o Rican, etc.)		Mack, White, etc.
l	15. DECEDENT'S EDUCA (Specify only highest grade or		ECEDENT'S	USUAL OC	CUPATION	T	Sb. KIND OF BU	SINESS/INDUS	TRY
ı	Elementary Tipcondary (0-12)	College (f 2 og 5+)	De NOT	work done di se retrod.)	ring most of working				
	17. FATHER'S NAME (First, Mission, Lasp")	11/1		H	I за метны	S NAME /Fire	t, Middle, Malden	Sumama	
l	ILVIN A. CA	nflell Se			03/	lia	Ker	kel_	
I	188. IN ORMANT'S NAME (Typu/Print)	16	b. MAILIN	ADDRESS	(Speet and Number or	Aural Route Ny	Imber City or Toy	vn. State, Zip Co	
ł	204 METHOD OF DISPOSITION	20baPIÁACE	AND PARE	OF DISPOSIT	TION Name of	4 1/2	7)/// TE 20c. LC	CATION CIT	02/2/6 or Town, State
ı	1 Buriel 2 ☐ Cremetion 3 ☐ Remov Donation 5 ☐ Øther/Specify)	si transfitate of gery, or			ORA/CI	$n_{i}$	1200.00	CATION - CA	or rown, state
	21. SIGNATURE OF FUNERAL SERVICE LICEI	YSEE		22, N	AME AND ADDRESS	P FACILITY	1/1	91	/
	En CM	well		12	2Hest	North	of the	DAHO	Mb.2121
		mplications that ceused the di st only one cause on each line	eath. Do	not enter t	he mode of dying	auch aa c	irdiac or reap	Iratory arres	Interval Betwe
	IMMEDIATE CAUSE (Final disease or condition	Intercontal	blac	1					Onset and Dea
	resulting in death) a.	OUE TO (DR AS A CONSE							102
	Sequentially list conditions, b.	DUE TO (DR AS A CONSE	DIJENCE O	E.					They
ı	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Cocain aba		• ,.					Years
	that initieted events resulting in death) LAST	DUE TO (DR AS A CONSE		<b>F</b> ):					
	d.								
	PART II. Other algnificent conditions					n in Part I.	24a. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
	Butish endocardi	ms, puripheral	erh s	oli ja	New		1 TYES	KNO	COMPLETION OF CAUSE OF DEATH?
						<del></del>			1 TES 2 NO
SIGIOIS	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	JOSPITAL:		OTHER:	26. PLACE OF DEAT	H (Check only	one)		
	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3	DOA 28b. TIN	4 - Nursi	ng Home 5 🗆 Reeld		her (Specify)	N HIEV OCCUP	
	Netural 5 Pending Accident Investigation	(Month, Day, Year)	IN.	JURY M	WORK?		EŞCRIBE HOW	NJUHY OCCUR	ieo
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm,	street, factor	y, office	28f. LC	CATION (Street by or Town, State)	end Number or	Rural Route Number,
1	And Continues								
COMPLE	(Check only 1 DC CERTIFYING PHYSICIA	N: To the best of my knowledge, do On the basis of examination end/or							trutte(s) and manner so stated
į l	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS		to one place, of		GNEO (Month, Day, Year)
	ale T. Jotal	, -	206					▶ 7/	30/93
	30. NAME AND ADDRESS OF PERSON WHO							•	
-	Adam T. Lott 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	No	pking	Hospital	Be	Ut more	ms	
J 11	,		_						

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 31, 1993 **GEORGE** JULY Berthold COLE 6:55 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F 98194 219-16-4701 YRS. New York 11-11-25 Should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL Pages 1, 2, 3 BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 - YES 2 1 NO permit. 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7513 Knollwood Rd. detached for use as the burial-transit 21286 .S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician, if filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XEES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, 1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Salesman Sales 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumeme) John Cole BE Georgette notified Roth Ruth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Smith Cole 7513 Knollwood Rd. Towson Md. 21286 pe 20a, METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Prospect Hill Cemetery 4 Donation 5 Other (Specify) 8-4 Towson, Md examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.
Ruck Towson, Md. 21204 led in by the for or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, the attending physician and completely filled in by a Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart feilure. List only one ceuse on each line. interval Batwa **IMMEDIATE CAUSE (Fine)** Onset and Dasth the disesse or condition Electronechanical 20 minuly executed within resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, isading to immediata HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any Coloni pertorable 1 - YES 2 - HO Supri s certificate has been si th the State Dept. of Hi id, or Item 23 show 1 TES 2 NO Mahrabu lanymen PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA e 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, with 1 Natural this 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Nomicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If item 2 29a. CERTIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7/3/43 2 WNO COMPLETEO CAUSE OF OEATN (ITEM 27) (Type, Print) Johns Hopkins Hospital Baltimore, Md.

32 BEGISTRAT'S SIGNATURE

hospital or attending physician. retained by the 2 Раде 6 тау

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DA
	PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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31. DATE FILED (Morith, Day, 1987)

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BACH

32. REGISTRÁR'S SIGNATUR Julia Davidson

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Carol August Louise DAVIS 993 5:367. DATE OF BIRTYN (Month, Dey, Year) 1/18/28 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 65 YRS. New Jersey 219-22-8640 Should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Baltimore Franklin Square Hospital ò Pages 1, 2 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Balto 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 2510 N. Rosedale St. 21216 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Ď Elementary/Secondary (0-12) College (1-4 or 5+) 12th detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 2 Phillip Taylor BE Mary Mason notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah C. DAVIS 3700 Sylvan Dr. Balto, Md 21207 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 Special 2 Cremation 3 Lagrange 4 Donation 6 Other (Specify) CEDAR Cemetery 8/5/43 Anne Arundel Co.Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY executed within hours after death. In and completely filled in by the funerato to burial, cremation, or removal. March F/H-West 4300 Wabash Ave see. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the lout seckman disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING attending physician intal Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL pt. of Health and AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows 1 YES 2 NO PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) the State Item HOSPITAL: OTHER:
4 □ Nursing Home 6 □ Residence 6 □ Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 0 27. MANNÉR OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO marked, this o 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 80 6 Could not be determined DIRECTOR: / COMPLETED 4 Nomicide 28 tem 29a. CERTIFIER death occurred at the time, date and place, and dua to the cause(a) and manner as stated. CENTIFYING PHYSICIAN: To the best of my in THE HOSPITAL D THE FUNERAL D filed within 72 ho IPORTANT: It Its 2 MEDICAL EXAMINER: OF THE TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.

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290 LICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)

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R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	er death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIRECT	hours af	item 28

BALTIMORE, MARYLAND 2/215-00

ours after death. Page 6 may be retained by the hose

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE HOSPITAL OF THE FUNERAL CO DE filed within 72 hr IMPORTANT: If II

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH 08 1993 02 DWAYNE 11:30 Am jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS MONTHS 1 5-M 2 - F 214-82-9101 32 6/6/61 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3103 MILFORD AVE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD THYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20217 3103 Milford Avenue U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced **Black** 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Dorothy M. Chew William Dix BE 19a. INFORMANT'S NAME (Type/Prim)
William Dix 19b. MAILING ADDRESS (Street and Number or Pural Route Number; City or Fown, State, Zip Code)
3103 Milford Ave. Balto., MD. 20217 5 20s. METHOD OF DISPOSITION

★General 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Park 8/6/93 King Mem Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St. Lemon I E.L. Phillips F/H Balto. MD 23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition CHRONIC DRUG USE AND ALCOHOLISM resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ARI F PRIOR TO COMPLETION OF CAUSE YES 2 | NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 💢 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Month, Day, Year) ▶08-03-1993 0 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 2120

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may be retained by the

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after orath. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hinese descrip-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR DOUGLASS SADIE 6:10 PM 08 93 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3-24-06 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or For 218-22 7222 ALABAMA HOURS 1 M 2 KF 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH ST. AGNES PRESIDENCE OF DECEDENT BACTIMORE DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 21216 U,S,A 1515 N. Payson 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If use, assective Cuben, Mexicen, Puerto Ricen, etc.) 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. If yee, specify Cuben, Mexicen, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 12 5+ Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Oliver Prince Helen 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William A. Marshall 515 N. Payson St. Balto. Md. 21216 20e. METHOO OF DISPOSITION
110 Buriel 2 Cremetton 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Park 8-6 Balto. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Douglass Funeral Service an 1701 McCulloh St 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, Approximate shock, or heart feilure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ ulmonay Edema resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Diabeter CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: death with the St marked, or it 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER-OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CHITCHES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RESIDENT MEDICAL 2

31. DATE FILEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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HOSPITAL

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**DHMH-18 Rev 1/89** 

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

P.O. BOX 68760, DIVISION OF VITAL RECORDS,

1993

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 07 31 1993 De Shields 12:45 Au Craig IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5 / 16 / 58 6. SEX 8. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign 35 1 3M 2 F 214-70-9509 MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR permit. Pages 1, 2, 3 4304 Parkton Street, Apt. 2C Baltimore City 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore, MD 1 T YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 816 Vine Street use as the burial-transit 21201 USA rurs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO Never Married 2 Married BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black. COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr ò Elementary/Secondary (0-12) College (1-4 or 5+) 12 Truck driver detached 17. FATHER'S NAME (First Middle I set) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) funeral director, page 5 should be Helen Culp Melvin DeShields notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 9 Bartlett Street, Balto, MD LeRay Jones 9 20e. METHOD OF DISPOSITION

t∑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Baltimore King Memorial Park 18/7 21. SIGNATURE OF FUNENCY SERVICE LICENSEE

Pay L Wasting A. medical examiner 22. NAME AND ADDRESS OF FACILITY UNITY FUNERAL HOME 108 W. North Avenue, Balto, MD the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Batween shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Daath the disease or condition resulting in death) ACUTE NARCOTIC AND ALCOHOL INTOXICATION event. the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by t OR ATTENDING PHYSICIAN: The law requires that shows any 1 YES 2 NO 1 TYES 2 TNO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? OTHER: X Residence 6 🗆 Other (Specify) HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation UNKNOWN M 1 YES 2 NO BY UNKNOWN UNKNOWN After t 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: Af be filed within 72 hours after de IMPORTANT: It Item 28 is 1 3 Suicide 251. LOCATION (Street and Number or Rural Route Number, City or Town State) 5 Could not be -COMPLETED 4 Homicide datermined UNKNOWN UNKNOWN 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beale of exam tion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 07/31/1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYEN 27) (Type, Print) Jemila Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE JG 04 1993

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NEAA. DIFFERENCE AME THE CHILLIAM THE CHILLIAM THE SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be depach.	ior to burial	NT. If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must ba notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	(aa:38)				
	1. DECEOENT'S NAME (First, Middle, Last)  PAUL E. DE	M		2. DATE OF OEATH MONTH 7 DAY 29	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER  3.9 32 3/39  9. FACILITY NAME (If not institution, give stre	5. SEX 6. AGE (In yrs. lest birthde	MONTHS DAYS HOURS MIN.	(Mogriti, Day, Your) 138	6. BIRTHPLACE (State or Foreign Country)				
STOR		MANYIAND	BATTM ORE		TY OF DEATH THURE CITY				
DIRECTOR		5 MOVE 10c.	CITY, TOWN OR LOCATION BAITMONE		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER  11. MARITAL STATUS			-0000	U.S.A				
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR OATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic  1 YES 2 NO Specif		14. RACE — American Indian, Black, White, etc.  Specify: Black				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/INDU					
BE COM	17. FATHER'S NAME (First, Middle, Last)	PAN SR.	18. MOTHER'S N	AME (First, Middle, Maiden Syrneme)					
TO B	19e. INFORMANT'S NAME (Type/Print)	DeAN 7/2	ING ADDRESS (Street and Number or Aural	Route Number, City or Jown, Stefe, Zip of BAITO, MC	1/2/2/17				
	20a. METHOD OF DISPOSITION  1 Device 2 Cremetton 3 Remov  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	rai from State christians crematory of	N SIM CEM	PATE 20c. LOCATION - C	Cu, Md,				
	Joseph	1. Russ	22 32 WINST	To Ave Ballin	Home nore Md 21216				
	IMMEDIATE CAUSE (Final	omplications that caused the death. De let only one cause on each line.		ch as cardiac or respiratory arre	st, Approximata interval Between Onset and Death				
	resulting in death) a.	Congestive hear out to for as a consequence Myocardial is	Rt tailure		7 years				
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE)								
CERTIFICATION	that initiated events resulting in death) LAST d.	DUE TO (OR AS A CONSEQUENCE	: OF):						
AL	PART II. Other algnificant conditiona  VENAI FAI	contributing to death but not resultin	g in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
N: ME					OF DEATH?				
PHYSICIAN: MEDIC	1 TES 2 NO	HOSPITAL:	THE MELL POPULATION OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PER						
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COMPLETED	3 Suicide 6 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. CERTIFIER ACTION (Street and Number or Rural Route Number, City or Town, Stete)								
	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, death occu On the basic of examination end/or investiga	ation, in my opinion, death occured at the	time, date and place, end due to the	cause(e) end menner ee stated.				
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATHLITEM 27) (A	rpe, Print)	29d. DATE:	SIGNEO (Month, Day, Year)				
		NIV. OF Mary land		Strace MD ?	11201				

1		FOR
•	-	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF D	EATH	REG. NO				
1. OECEDENT'S NAME (First, Middle, Last VIVIAN ARABELL	DAVIS				2. DATE OF OEATH DO O8/02/93	V173.74	YEAR	TIME OF OEATH	P
4. SOCIAL SECURITY NUMBER 212-74-5057	5. SEX 6. AGE	(In yrs. lest birthday)		F UNDER 24 HRS. OURS MIN.	OS/14/189	5 E	BALTI	ACE (State or Form	olgn )
98. FACILITY NAME (If not institution, give			BALTIMO		EATH	100 000	'IMOR	E,CITY	
10s. STATE 10b. COUN	TIMORE CITY		TOWN OR LOCATION	١			I A	0d. INSIDE CITY LIMITS?	10
100. STREET AND NUMBER 5207 BIDDISON L.	ANE			1206		U.S	A A	AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 🕎 NO	If yes, specif		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) y:	or No- 1	Specific	- American Indian White, atc.	i,
15. DECEOENT'S EO (Specify only highest grad Elementary/Secondary (0-12)  1.2 YEARS	UCATION de completed) College (1-4 or 8+)	(Give kind of we	ISUAL OCCUPATION ork done during most of retired.) MAKER	of working	HOME	SINESS/INDU	STRY		
17. FATHER'S NAME (First, Micole, Last) JOHN SMITH			1		ME (First, Middle, Meiden ETH HOFFER				
19a. INFORMANT'S NAME (Type/Print)		196. MAILING	AOORESS (Street and	Number or Rural	Route Number, City or Tow	n, State, Zip C	Code)		
JAOUELINE MULLH	ERIN	· 5207 I	BIDDISON	LANE BA	ALTIMORE MI	212	.06		
		ARKWOOD C		of	08/05/93	BALT			
21. SIGNATURE OF FUNERAL SETTINGE L	O Rim	2 Ab			CHATYDIPPEL B				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF)	D.	S. And				acy	الح
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF)	:		12.00				
PART II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	ins contributing to death	but not resulting in	the underlying c	euse given in	Part i. 24a. WAS AN PERFOR	IMED?	AN CK	VERE AUTOPSY FIN WAILABLE PRIOR TO OMPLETION OF CAF DEATH?	O WSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (C)	eck only one)				
1 TES 2 TO NO	1 Inpetient 2 ER/Out	tpetlant 3 DOA	OTHER: 4 - Nursing Home						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WORK	Y AT ? 2	28d. DEŞCRIBE HOW I	NJURY OCCU	RED		
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, st ecity)	rest, factory, office		28t. LOCATION (Street City or Town, State)	and Number of	r Rural Rou	ite Number,	
one)	SICIAN: To the best of my knowers.							ind manner as sta	ited.
29b. SIGNATURE AND TITLE OF CERTIFI	" Cear	fr/	40.	DOO_	3 83	29d. DATE	SIGNEO (M	forth, Day, Year)	
300 7- E. M	rifilm fa	THE STEM 27) (Type, I	- Belli.	mort	MD.	212	14		
31. DATE FILED (Morth, Dey; Year) AUG U 4 1993	32. REGISTRAR'S SIG								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thus after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



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	Pages	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal,	TANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho

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Item7 8-20-93 FilmG702 W.H.Per F/H item 6; film g-702; 8-25-93; dr 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Lucia Margaret FARRELL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 F 86 87 061-09-5721 11 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Charlestown Care Center Catonsville RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION Maryland Baltimore Catonsville 10e, STREET AND NUMBER FUNERAL 101, ZIP CODE Retirement 308 Chapel Ct, Charlestown Community 21228 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerte Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) H.S. Office Manager 17. FATHER'S NAME (First, Middle, Last) Leo V. Paula THOMPSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John R. Farrell 308 Chapel Ct, Catonsville, MD 20a, METHOD OF DISPOSITION
1 Surfel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Surlei 2 Cremation 3 4 Donation 5 Other (Specify) MD Vet. Cem-Garrison Forest8/5 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) neumonia DUE TO (OR AS A CONSEQUENCE OF):

2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR 93 315 7. DATE OF BIRTH /Month, Day, Year) 5 8. BIRTHPLACE (State or Foreign Maryland 01 -06 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY N.Y. Telephone 18. MOTHER'S NAME (First, Middle, Maiden Surname) COAD DATE 20c. LOCATION -- City or Town, State Owings Mills, MD 4107 Wilkens Ave, Baltimore, MD 21229 Approximata interval Between Onset and Death 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 26d, DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Yber)

▶8/2/92

93

REG. NO.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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DUE TO (OR AS A CONSPONENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending

Sequentially list conditiona,

if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury

that initiated events resulting in death) LAST

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

OTHER:
4 Nursing Home 5 Residence 8 Other (Specify)

28c. INJURY AT 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined

13405

29a. CERTIFIER
14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lown

Aprilos gam mo 711mapde

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE 4 1993 his Deviden Bondall

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Last) Priscilla Fenw	ick							2. DATE OF MONTH Jul	DEATH y 28	, 199	3EAR	3. TIME OF DEATN 5:00 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In )	rs. last birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH	T	8. BIRTH	PLACE (State or Foreign
	215-46-6953	1 - M 2 3 K	45	YRS.	MONTHS	DAYS	HOURS	MIN.	10-1		7	Ra 1	ltimore
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEA			9c. COUN		
15	Maryland Genera	al Hospit	tal			Balt	imore	Cit	У				
DIRECTOR	RESIDENCE OF DECEDENT												
뿐	10e. STATE 10b. COUNT	Υ			TY, TOWN								10d. INSIDE CITY LIMITS?
	MD			B	alt	imo	re						(XXYES 2 □ NO
4	10e. STREET AND NUMBER					10	f. ZIP CODE	E			10g. CITIZ	EN OF W	HAT COUNTRY?
<b>E</b>	1058 Argyle Ave	enue -	Apt.	102			21:	201				USA	-
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.	S. ARMED	13	WAS DEC	CENDENT O	F HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian.
B	1 🙀 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	IF YES, GIVE	1 YES 2 X NO II yes, spi			ecify Cubar 3 2 XNO	n, Mexican. Specify:	, Puerto Ricer	n, etc.)	Black, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed	16	Give kind of	USUAL C	OCCUPATI	ON	-	16b. KIN	O OF BUS	SINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	ise retired.	ouring mo	ost or working	g					
린	12	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					er		1	N/A			
COMPLETE	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAM	E (First, Middl	le, Maiden	Surname)		
	Sylvester Mc	Clendon					Cer	cili	a Fe	nwic	· k		
B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street :			oute Number, C			Coriel	
2	Robert Fenwich	7											11201
	20e. METHOD OF DISPOSITION		20h BI		B Argyle Avenue, Balto., MD 21201								
ļ	1 Surial 2 Cremation 3 Rem	oval from State	cemete	ry cremetory or	ther place!								
-4	4 Donetion 5 Other (Specify) Western Star Cemetery 8/7 Catonsvil							le, MD					
ł	> Spayle R.	Martal	3.		22	UNII	CY FI	INER	AL H	OME			
	- gray to to	or actively	40								Ra	1+0	MD
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest,										Approximate .		
	ahock, or heart feilure. List only one cause on each line.											intervel Betwe	
										Onset and Dea			
	resulting in death)					SSOC	ciatio	on					
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions Advanced metasttic carcinoma of the breast												
ĔI	Sequentially list conditions, if any, leading to immediate												
<u> </u>	couse. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO	(OR AS A CO	ONSEQUENCE C	P):								-
<b>监</b>	Testiting in death) EAST	d											
	PART ii. Other significant condition	s contributing to	death but	not resulting	in the u	oderivio	a course a	time in D	net i Dec	MACAN	AUTOPSY	0.05	WERE AUTOPSY FINDING
3		_					a conse 3	il voir in r	240	PERFOR		240.	AMAILABLE PRIOR TO
DICAL									1[	YES 2	<b>▼</b> NO		COMPLETION OF CAUSE OF DEATH?
¥									_				1 TES 2 NO
CIAN													
§	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. P	LACE OF DE	EATH (Chec	k only one)				
<u> </u>	1 ☐ YES 2 ŽŽNiO	HOSPITAL:	☐ ER/Outpatie	int 3 🗆 DOA	OTHE		ne 5 🗆 Res	sidence 8	☐ Other (Sp	ecify)			
PHYSIC	27. MANNER OF DEATH	28s. DATE OF		28b. TIR	AE OF	28c. IN.	JURY AT		28d. DESCRIE		NJURY OCCI	JRED	
	1 Schleturel 5 Pending	(Month, E	Jay, Year)	IN	JURY M		ORK? YES 2 _	NO					
	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE C	OF INJURY —	At home, farm,	street, fac				28I. LOCATIO	N (Street s	and Number o	r Rural A	oute Aumber
3	4 Nomicide a Could not be determined	building,	atc. (Specify)			21 21110			City or To	wn, State)	runnium C	reards (1)	out minion,
	29e, CERTIFIER												
틸	(Check only									,			
COMPL	2 MEDICAL EXAMINE	R: On the beels of e	xamination ar	nd/or investigati	on, In my	opinion, d	leath occurr	ed at the ti	me, data and	place, an	d due to the	ceuse(a)	end manner se atated,
ш	296. SIGNATURE AND TITLE OF CENTIFIE	7) 1					29c. LICE	NSE NUME	ER		29d. DATE	SIGNED	(Month, Day, Year)
<u> </u>	1 mm K. I	1. 13						n/2					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ramonchito Menor, M.D.

32. REGISTRAR'S SIGNATURE

AUG 04 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

93 22474

24b. WERE AUTOPSY FINDINGS

29d. DATE SIGNED (Month, Day, Year) 7/28/93

c/o Maryland General Hospital

Approximate . Intervel Between Onset and Death

REG. NO.

Temper II yes

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	y filled in by the funeral director, page 5 should be detached for use as the burial-to
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the find within 30 hours dear death, with the State Date of Health and Marrial Hurlann Andre to hurlan premation or manual

1	1. DECEDENT'S NAME (First	, Middle, Last)				100				2. DATE OF			YEAR	3. TIME OF DEATN
-	LeRoy Theod					August 2, 1993				8:20 P. M				
				6. AGE (In yrs. is	st birthday)	IF UNDE	7			7. DATE OF BIRTH		a. BIRTI		IPLACE (State or Foreign
1 3	215-05-7436				YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	22,	1908	Mai	ryland
	9e. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CIT	Y, TOWN	R LOCATI	DN DF DI	EATH		9c. CDU	NTY OF E	DEATN
DIRECTOR	Augsburg Lu		n Home			Ba.	ltim	ore				Bal	tim	ore
당	RESIDENCE OF DEC	10b. COUNT	ν		T 100 CIT	ry, town	DB LOCA	TION						404 100000 0170
E	Maryland	25-20	timore			ltim	-	ION						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER							. ZIP COD	F			10a CIT	ZEN OF 1	1 YES 2 ND
RA	6825 Campfi	eld Ro	had. Ant.	6F				2120					5.A.	MAI GOOMMIN
FUNERAL	11. MARITAL STATUS	CIG IV	12. WAS DECEDEN	NT EVER IN U.S. A	RMED	13.				NIC ORIGIN? (S	pecify Yee			E — American Indian.
	1 Never Married 2	_		MAR OR DATES	ND		If yes, sp		in, Mexica	in, Puerto Ricar			Blac Spec	E — American Indien, k, White, etc.
ВУ	3 Widowed 4 Dive	orced						- 492		,				White
LED	15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)	(0	ECEDENT'S	work done	during mo	DN ist of world	ng	18b. KJN	OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (		College (1-4 or 5	+)	Do NOT u									
MP	N/A  17. FATNER'S NAME (First, M		N/A	Sn	ippi	ng Si	per						acti	ring Co.
										ME (First, Middl		Sumame)		
BE	Theodore F.		zan							Course	-			
2			/1/2: fo\							Route Number, (				MA 21207
	Irene A. Gr		(MTTG)	20b.PLACE					Jau,		20c. LO			e, Md. 21207
	1 Buriel 2 Crematic	on 3 🗆 Rem	oval from State	cemetery, cr	ematory or o	other place	T11+1	nev	Cor	n 8/5	Ra14	-imor	City or it	Maryland
	21. SIGNATURE OF FUNERA		CENSEE	_  DC. II	Heria			ND ADDRE			Dur		, 1	LLYLUIA
	1/1	1.28	/ /							eral H				
	23. PART I. Enter the d	11	annallantina sha		D -	19	705	Bela:	r R	oad, Ba	altir	nore	. Md	21236
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  CATE  CEREBRO VAS CULAR  ACUTE  CEREBRO VAS CULAR  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):													
EDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  ACCUSE IMERS  DEMENTA  24s. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF PARTY.													
MEC	- KECU	RREA	NT D	:V.T										OF DEATH?
	THE PARTY OF													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
YSI	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			6 5 R	esidence	6 Other (Sp	oecify)			
ву РН	27. MANNER OF OEATH  1 Netural 5  2 Accident	Pending Investigation	28e. DATE OF	F INJURY Day, Year)	28b. TIN	ME OF JURY M		URY AT ORK? YES 2 [	ND	26d. DESCRI	BE HOW II	NJURY OC	CUREO	
	3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE ( building	DF INJURY At h , etc. (Specify)	ome, farm,	street, fed	tory, offic	•			ON (Street a own, State)	nd Numbe	r or Rural	Route Number,
COMPLETED	tanah ang		ICIAN: To the best o											e) and manner ee stated.
	29h. SIGNATURE AND TITLE	OF CERTIFIE	RA					29c. LIC	ENSE NUI	MBER		294, DAT	E SIGNES	Month, Day: War)
TO BE	Tashen		falely	ani 1	(m	TI.		1)7	85	95		•	81	4/93
-	Dr. Lakhani						alti	more	, Ma	ryland			/	1
5	AUG 04 199	3 Sta	hia Davidson	AR'S SIGNATURE										

It Pages 1, 2, 3 should

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20 2:30:00		marked or item 23 shows any injury or other fraumatic event the medical examiner must be notified as
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	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
	ME	KAR
	É	ar
	63	E

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF HEALTH AN CATE OF DEATH	ID MENTAL HYGIEN	-	22476				
	1. DECEDENT'S NAME (First, Middle, Last) NANNIE	L	GALLT1	N	2. DATE OF DEATH	,1993 ^{EAI}	3. TIME OF OEATN 2:45 P N				
	4. SOCIAL SECURITY NUMBER 220-24-8254	1 □ M 2 💢 F 6	(In yrs. lest birthday)	FUNDER 1 YEAR FUNDER 24 HI MONTHS DAYS HOURS MI	Month, Day, Year) 10-8-24	Co	RTHPLACE (State or Foreign unitry) RGINIA				
OR	9a. FACILITY NAME (If not institution, give s THE JOHNS HOP		L	BALTIMORE		9c. COUNTY OF	ONE .				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND  NO	y ONE	16c. CITY	TOWN OR LOCATION  BALTIMOR	E CIMV		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER			101. ZIP CODE	E CIII	10g. CITIZEN O	1 X YES 2 NO				
BY FUNERAL	1401 LAKEWOOD  11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMEO	21213  UNITED STATE  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 — YES 2 X NO Specify:  AFRICAN AMERI							
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6th grade	CATION completed)  College (1-4 or 5+)  NONE	16a. DECEDENT'S I (Give kind of w life. Do NOT use HOUSEK		100	E OF N	OTRE DAME				
BE	17. FATNER'S NAME (First, Middle, Last)  JOHN THOMA  190, INFORMANT'S NAME (Type/Print)	S	Ten minus	MARTI	NAME (First, Middle, Maiden HA R. SCOT	T					
2	MART ALSTON	Lon	5519	ADDRESS (Street and Number or Ri Bucknell Ro	oad BALT	O.MD.	21206				
	1 Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State Cen	RBUTUS	FOISPOSITION (Name of place) MEMORIAL PAI  22. NAME AND ADDRESS OF	RK BAL	CATION — CHY OF TIMORE	Town, State  MARYLAND				
	Calvin B.	Sanga	odr.	CALVIN B.	SCRUGGS F	BALTO	HOME MD. 21213				
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Hypo ye.	ech line.	HYPOTENS		iratory errest,  6 HOURS	Approximate interval Between Onset and Death				
NOI	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  (R) VENTRICULAR FAILURE  Sequentially list conditions,										
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSÉQUENCE OF):  PULMONARY HYPERTENSION  YEARS  OUE TO (OR AS A CONSÉQUENCE OF):										
MEDICAL C	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underlying cause given	In Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN	(Observations)		1 TYES 2 NO				
PHYSICIAN:	EXAMINER?  1 □ YES 2 ☑ NO  27. MANNER OF DEATN	HOSPITAL: 1 Dippetient 2 ER/Outp	atient 3 DOA	OTHER: 4 Nursing Nome 5 Residen	nca 6 Other (Specify)						
à	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY	26b. TIME INJU	M 1 YES 2 NO							
LETED	4 Nomicide determined	building, etc. (Spec	effy)		26f. LOCATION (Street City or Town, State)		Il Houte Number,				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of examination		I at the time, date and place, end , in my opinion, death occured at			e(a) and menner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	n		29c. LICENSE	NUMBER	≥ 7/3	ED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WIN	Redfin	De	orini)	icine J	ahn5	Hankins				
	AUG 4 1993	32. REGISTRAR'S SIGN.	ATURE								

Twiden Janda

DNMH-16 Rev 1/89

D 21215-0020	spital or attending physician.

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLANI DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>				2. DATE OF DEATH		3. TIME OF OEATH		
	Guercio J.	Peter Peter	er James (	Guercio		07 3	1 93	20:26 M		
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign		
	212784816	1 M 2 □ F 2	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	C	ountry)		
	Sa, FACILITY NAME (If not institution, give sti	, ,	)3	Sh CITY TOWN	OR LOCATION OF D	13/10/1960	9c. COUNTY C	aryland		
Œ	Good Samaritan Ho			Baltimo		EAIH		ore City		
[ 은	RESIDENCE OF DECEDENT									
띮	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIG									
등	MD Balti	D	.1 .11				LIMITS?			
3	MD Balti	HOTCE	Pa	rkville	Of. ZIP CODE		1 ☐ YES 2 ☑ NO			
FUNERAL DIRECTOR				[ ]						
뿔	2821 Linwood Avent			21234		U.S.A				
급	1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA pecify Cuban, Maxic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	n or No- 14, F	RACE — American Indian, Black, White, atc.		
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES X		S 2 NO Specif	Specify: White				
	46 0505051170 50110									
쁘	15. DECEOENT'S EDUC (Specify only highest grade of	completed)	(Give kind of	Work done during n	TION nost of working	16b, KIND OF BU	SINESS/INDUSTR	TY .		
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u							
₹	12 Years		Install	er T.V	Antenna	Self er	nploved			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Salvatore John G					ME (First, Middle, Malden				
BE	Salvatore John G	dercio			Barbara	Jean Hard	Ln			
TO	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code	)		
F	Salvatore J. Guer	rcio	2821	Linwood	Avenue I	Parkville N	Marylan	d 21234		
	20a. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Remo		106. PLACE AND DATE	OF DISPOSITION (	Vame of	OATE 20c, LC	CATION - City o	or Town, State		
1	4 Donation 5 Other (Specify)	vel from State	TKWOOU C	remetery		08/04/93 1	Baltimo:	re		
ì	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	. 1	22. NAME	AND ADDRESS OF FA	CILITY Diagon	Europe '	1 11		
İ	- Zanatina (	Dinne	04	7110	.Belair, H	COLITY Dippel	runera.	T Home		
_	maining	· Supple	No	part	imore, Mo	1 21206				
	23. PART I. Enter the diseeses, or conshock, or heart failure. L	ist poly one cause or	sed the desth. Do i	not enter the m	ode of dying, suc	h ss cerdisc or reep	ratory errest,	Approximate		
	IMMEDIATE CAUSE (Fine)	not biny one debag on	Good mile,					Interval Between Onset and Death		
	disease or condition resulting in deeth) s. Myocardial Infarction 6 day									
7										
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):									
¥	cause. Enter UNDERLYING							j		
E	CAUSE (Disease or injury that initiated events	DUE TO (OR A!	A CONSEQUENCE O	F):						
Ē	resulting in death) LAST	Diabet	es mel	Hituro						
빙										
	PART II. Other eignificent conditions	contributing to deeth	but not resulting	in the underlyi	ng ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINOINGS		
EDICAL	Sepsis					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
뷀	End Str	ge Renal	Disease	9		' ' ' ' ' '	Muno	DF DEATH?		
×	3 3 3 5	J	DISCUSE			-		1 TYES 2 NO		
A N	25. WAS CASE REFERRED TO MEDICAL			20.1	A ACE OF DEATH OF					
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch					
¥	1 YES 2 NO  27. MANNER OF DEATH	1) Inpatient 2 - ER/O			me 5 🗌 Rasidence					
	1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		JURY W	JURY AT ORK?	26d. DESCRIBE HOW I	NJURY OCCURE			
B	2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide datermined	28a, PLACE OF INJU- building, atc. (S)	RY — At home, farm, opecify)	street, factory, offi	Ca	28f. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,		
	4   Notificide Catermined									
2	294. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kno	owledge, death occurre	ed at the time, dat	a and piace, and due	to the cause(a) and me	ner as stated.			
COMPLETED								se(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
B	0 1 1 1	Kes	ident in	de s	29c. LICENSE NUI	MBEH	29d. DATE SIGI	NED (Month, Day, Year)		
2	B. Lankachana 30. NAME AND ADDRESS OF PERSON WHO			edicine			07	131 93		
	Dr. B. Lankach				0.11	0 0 11-	. A	4.0		
				aritan	HOSPITA	l, Baltin	rove, 1	10		
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
U	AUG 0 4 1993	theke Davids	n_BondeEL							

	FOR
ı	STATE
	REGISTRAR

	1 - STATE REGISTRAR	OF MARYLAND /	DEPAR	TMENT ICATE	OF H	DEAT	AND I	MENTA	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)  MARIE ELIZABETH GA	NZERMILLER						2. DATE	e of death	ay 1	YEAR 93	3. TIME OF OEATN 1:45 PM
	4. SOCIAL SECURITY NUMBER 217-01-6126  5. SEX 1 ☐ M 2		yns.	IF UNDER	1 YEAR DAYB	IF UNDER	24 HRS.	(Mon	of BIRTH (h, Qey, Year) 0-5-19	8	BIRTHP	LACE (State or Foreign
TOR	And and the second of the first the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o						MA PARK  9c. COUNTY OF DEATH  MONTGOMERY					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE ARU	NDEL		PASA								IOd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER  154 CORNFIELD ROAD				101.	ZIP CODE	2112	22		10g. CITIZEN OF WHAT COUNTRY?  USA		
B⊀	1 Name Married 2 YMarried FORCES	CEDENT EVER IN U.S. AR 17 1 YES 2 XI GIVE WAR OR OATES	IMED NO	H	yes, spe	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Ye. Rican, etc.)	or No- 1	I. RACE - Black,	- American Indian, White, etc. WHITE
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1 2  College (1-	(G	CEDENT'S live kind of w Do NOT us	rork done d	luring mos	st of workin	ng	16	L KIND OF BU	SINESS/INDUS		D
SO	17. FATHER'S NAME (First, Middle, Last)					18, MOTH	IER'S NA	ME (First,	Middle, Maiden			
8	HOWARD EWING	T _a							McALL:			
5	196. INFORMANT'S NAME (Type/Print)  ADAM J. GANZERMILLER  196. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, State, Zip Code)  154 CORNFIELD ROAD, PASADENA, MD 21122											
	20a. METHOD OE DISPOSITION 1 Surial 2 Commention 3 Removat from St. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE cometery, cre METR	O CRE	MATO	RY					CATION — CH BALTIM		
	File J. Ling			S 3	TALL	MOUN	FUN	ERAL	HOME	SADENA	MD	21122
		PSIS UE TO (OR AS A CONSEC	OUENCE OF	):							it,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	CARDNARY DISEASE							24s. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 :		OTHER		ACE OF DE	ATN (Che	ck only o	ne)			
IX	1 YES 2 NO 1 tnpatier	t 2 ER/Outpatient 3		OTHER	ng Nome		sidence					
	1 Netural 5 Pending	onth, Day, Year)	28b. TIME INJU	IRY M	28c. INJU WOF	IRY AT RK? ES 2 [	NO.	28d. DE	SCRIBE NOW I	NJURY OCCUI	PEO	
24. BLACE OF INTERM								and Number or	or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the											and manner as stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	,			-	29c. LICE						fonth, Day, Year)
2	1 kmas lues		MD			13	362	07		<b>•</b>	8-1	- 93
	Thomas Mili	tako	4 27) (Type,	Print)								
10	AUG 0 4 1993	STRAR'S SIGNATURE	A.									

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A₂ .

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	Freddie		ice Fr	ed Grein	er			MONTH DAY YEAR					10:00a M	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER				7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign	
	240-14-8316	A	1 M 2 F	74	YRS.	MONTHS	hs DAYS HOURS MIN. 02/07/19 North Ca						Carolina	
~	9e. FACILITY NAME (# not is			-		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	University	HOSPIT	al			Balt	timo	re C	ity				LU,	.61
E E	10a. STATE	10b. COUNTY			10c. CIT							10d. INSIDE CITY		
		Baltim	ore		175						LIMITS?			
FUNERAL	10s. STREET AND NUMBER							. ZIP CODE	F		10g. CITIZEN OF WHAT COUNTRY			
	7824 Westmo	reland		UT FUED IN LOCAL		21234 United  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No								
	1 Never Merried 2 Married FORCES? 1 Y YES 2 NO				l l	l yes, sp	ecity Cuba	n, Mexica	n, Puarto Alcan,	ecify Yea , etc.)	or No-	Black,	— American Indian, White, atc.	
BY	3 Widowed 4 Dive	erced	WW]	II		'	∐ YES	XXNO	Specify	<i>t:</i>			Specify	White
百	15. DEC (Specify on	EDENT'S EDUC y highest grade	CATION completed)	16a. DE(	CEDENT'S	USUAL OC work done d	CUPATIO	ON ast of workin	ng .	16b, KIND	OF BUS	INESS/IN	DUSTRY	
밁	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)										
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)		Sel-	vice	Mana	iger		ER'S NAI	Heav ME (First, Middle,		achi	nery	
BE C	Karl Grein	er								e Gunth		oomanoy		
TO B	19a. INFORMANT'S NAME (							nd Number	or Rural F	Route Number, Ci	ty or Town			
	Rosemarie G			78	324	Westr	ore	land	Ave	. Balti	more	e, M	D 21	234
	20a METHOD OF DISPOSIT	ION on 3 - Remo	oval from State	20b. PLACE A cemetery, crer	ND DATE	of DISPOSI	TION (Ne	ame of		DATE	20c. LO	CATION —	City or Tow	n, Stata
1	4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA		ENSEE				ery	ID ADDRES	8/	/5/93	Balt	imor	e, Ma	aryland
ì		uk T	Man	rk T. Zav	voyna	a Le	ona	rd J.	. Ruc	ck, INC				
$\dashv$	23. PART I. Enter the d		- Cuy			53	05	Harfo	ord I	Road B	Balt	imore	e. MD	
	shock, br h	aart Isliure. L	ist Daly one say	use on sech lina.	atin. Do i	iot enter	tne mo	ae or ayı	ng, suci	n as cardiac (	or reapi	ratory sr	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fit disease or condition		Cody	Carret +										Onset and Death
	e. Cadiqu Quest  output  Due To (or As A CONSEQUENCE OF):													
N	Sequentially list conditions,  Due to (or As A consequence of):													
AŢ	if sny, leading to imme	diate	Aug 1	(OR AS A CONSED	UENCE OF	Tie.						1	12	
CERTIFICATION	CAUSE (Disease or injuthst initiated events	iry 5	DUE TO	(OR AS A CONSEC	UENCE O	n:						- 4		-
EH	resulting in death) LAS	T	, Ken	t faile	M									
	PART II. Other algorifica	nt conditions	a contributing to	death but not re	sulting	in tha und	derlying	cause o	iven in	Part i. 24a.	WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
MEDICAL					0						PERFOR	MED?		MAILABLE PRIDE TO COMPLETION OF CAUSE
										_   ''	YES 2	□ NO		OF DEATH?
ä										_				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)				
IS	1 YES 2 -NO		1 Implitiont 2	ER/Outpatient 3		4 🗆 Nurs	ing Hom		sidence	8 Other (Spe				
	1 Natural 5	Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY M		URY AT RK? /ES 2	3 110	28d. DESCRIBI	E HOW IN	JURY OC	CURED	
BY	2 Deutste	Investigation Could not be	28s. PLACE C	OF INJURY — At hor	ne, farm, s	street, facto			NO	28I. LOCATION	(Street a	nd Number	r or Rumil Ro	uta Number
		determined	building,	etc. (Specify)						City or Tow	rn, State)			£
<u> </u>	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occurre	ed at the tir	ne, dete	end place,	and dua	to the cause(a)	and man	ner aa sta	ted.	
COMPLETED														and menner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	Joleth		-	_		29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED (	Month, Day, Year)
2	Whiles	J (	UUP	_									0/2/	93
	30. NAME AND ADDRESS OF REDECC			SE OF DEATH (ITEM	27) (Type,	Print)					-			
	31. DATE FILED (Month, Day,			AT'S SIGNATURE	.00							====		
7	AUG 0 3	1993	gulia De	HOUN ACTION	CHIL!									

	1 - STATE REGISTRAR	STATE OF MARYLAND /		RTMENT				MENTA	REG. NO.	E		
100			MELE			CHBO		2. DATE	OF DEATH	193	73	3. TIME OF DEATH
24.00	216-32-5378	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	# UNDER	MIN.	(Monti	of BIRTH h, Day, Year) . 2 , 190	ser) Country)		
TOR	9a. FACILITY NAME (If not institution, give stree  ST. JOSEPH HO  RESIDENCE OF DECEDENT	spital		9b. CITY	200	RLOCATIO	ON OF DE	EATH		9c. COUNTY Ba		more
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	ry, town o	OR LOCAT	TON					Т	10d. INSIDE CITY LIMITS?
	Maryland Baltir 100. STREET AND NUMBER	nore	T	'owso		. ZIP CODE				10g. CITIZEI	_	1 YES 2 NO
FUNERAL	960 Fairmount Ave.					212				U.S.A.		
В	11. MARITAL STATUS  1  Never Merried 2  Merried  3  Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  YES 2  NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2  Specify:					or No- 14	RACE Black, Specify Whi	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (Gi	ive kind of . Do NOT u	work done ise retired.)	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ork done during most of working related.							
MO	17. FATHER'S NAME (First, Middle, Last)		omem	aker		16. MOTH	IER'S NA	ME (First, I	Middle, Maiden	Surname)		
BE C	James	Tuohy					nna		Ξ.			van
5	190. INFORMANT'S NAME (Type/Print)  Geraldine M. Kuchta  190. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)  same as #10a - #10f											
	20s METHOD OF DISPOSITION  1 IX Burlet 2 □ Cremation 3 □ Refrooks  4 □ Donation 5 □ Other Special	troe State 200. PLACE Cometery, New C	Ca	thed	ral	Ceme t	ery 2-93			timore		n, Stete aryland
	21. SIGNATURE OF FUMERAL DESPRESS LICEN	Dr.	acme	22.	NAME AN	D ADDRES	S OF FA	CILITY				aryrand
		st III		1.0	050	York	Rd.	-	al Hom Towson	, Mary	lan	d 21204
	23. PART I. Enter the diseases, or come shock, or heart feliure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	rplications that caused the det only one cause on each line	eath. Do i	not enter	the mo	de of dyl	ng, auc	h as card	flec or respi	ratory arrea	t,	Approximate Interval Between Onset and Death
NOI	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  D. Sequentially list conditions,											
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
S	d.										_	
EDICAL	PART II. Other significant conditions of	ontributing to death but not re	esuiting	in the un	iderlying	I cense d	iven in	Part I.	24a. WAS AN A PERFORE 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED											1	I YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				ACE OF DE	EATH (Che	ock only on	•)		_	
IXSI		inpatient 2 ER/Outpatient 3		_	eing Home	5 □ Re	sidence					
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	JURY M		URY AT RK? 'ES 2 [	NO	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be determined	street, fact	factory, office 281. LOCATION ( City or Town				ATION (Street a or Town, State)	(Street and Number or Rural Route Number, n, State)				
COMPLETED		N: To the best of my knowledge, de									euse(e)	end menner ee stated.
BE C	29b, SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUN	IBER		29d. DATE S	IGNED (	Month, Day, Year)
10 B	natureday D. d	· fem, m.D				21	195	08	PH	17/	130	193
	WATIVIDAD D	OMPLETED CAUSE OF DEATH (ITEM	/	Print)	0/0	57 To	ws	0 N	PH	1+05P	171	7 L
3	AUG 0 3 1993	22. REGISTHAR'S SIGNATURE	R.					_	/			/

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VIVISION OF VITAL RECORDS, P.O. E
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TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLANI		ENT OF HEALTH		NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
	TIMOTHY	HULL				JULY 2	4, 1993	10:15 P M
	4. SOCIAL SECURITY NUMBER 5. S		MOR	UNDER 1 YEAR IF UNDE	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
9	1 7 6 54 5863 1 2	x ^{M 2 □ F} 38	YRS.			7-8-55		Md
œ	9a. FACILITY NAME (If not institution, give atreet at THE JOHNS HOPKII		9b.	BALTIMOR			9c. COUNTY OF BALTIM	ORE CITY
DIRECTOR	RESIDENCE OF DECEDENT	15 11051 1171		DALTINO	\L		DALTIM	JIL CITT
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
0	Md		Bal	to				LIMITS?
FUNERAL	10e. STREET AND NUMBER	_		10f. ZIP COD	Œ		10g. CITIZEN OF	WHAT COUNTRY?
NE	1100 Pennsylvania	a Ave Apt	1407	2120			U.S.	Α.
	1 X Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	X NO	13. WAS DECENDENT If yes, specify Cub	an, Maxican, P	ORIGIN? (Specify Yes uarto Rican, etc.)	or No— 14. RAC Blac	E — American Indian, ck, Whita, atc.
BY	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATES	2	1 TYES XXNO	Specify:		Spe	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N 16a	. DECEDENT'S USU	AL OCCUPATION done during most of work	ina	16b. KIND OF BUS	SINESS/INDUSTRY	DIACK
		lege (1-4 or 5+)	life. Do NOT use ret	red.)	ng			
MP								
	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAME	First, Middle, Maiden	Surname)	
BE	Virgil Hull  19a. INFORMANT'S NAME (Type/Print)		195 MAIL ING ADD	RESS (Street and Number	aude	Love	Sec. 75 C 43	
2	Anthony HULL							
	20a. METHOD OF DISPOSITION	20b. PL#		Jeffer	son	St Balt	CATION — City or T	
	1 Burial 2 X X remation 3 Removal fi 4 Donation 5 Other (Specify)	rom Stata cemetery	crematory or other p	ematory	7	/31/93	2.131 M. 10	o, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	1 0/		22. NAME AND ADDRE	SS OF FACILIT	7		
	Rome t	1. Ihom	oson To	WHKCH	PUNE	EA FIOME	Bull	md-zizis
	23. PART I That the diseases, or compl	ications that caused the	daath. Do not a	nter the mode of dy	ing, such as	cardiac or respli	ratory arrest,	Approximata
- 1	IMMEDIATE/CAUSE (Final	only ona cause on each	iina.			4		Interval Batween Onset and Daath
	disease de condition resulting in death)	HIDS (H	C911140	Immune	Defic	very 20	indron	34 80S
	1	DUE TO (OR AS A CON	ISECNENCE OF:					
ON	Sequentially list conditions,	DUE TO (OR AS A CON		metas	tases	to pu	ain+ ve	Ftenzy 4 Kurs
F	if any, leading to immediate cause. Enter UNDERLYING	370000	TITIC >	1.5				3/ 1/2015
띮	CAUSE (Disease or injury that initiated events	QUE TO (OR AS A CON	SEQUENCE OF):					odeais
CERTIFICATION	resulting in death) LAST	Deny ara	URU					1 day
	PART II. Other significant conditions con	stributing to death but n	ot requiting in th	a underlying course	chan in Dan	1   000   000   000	ALTERNA L	
CAL	anemia.	and the second second	or rasolung in th	a underlying cause	given in ran	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC	0	enou				1 TYES 2	[]_NO	OF DEATH?
2	1000000							1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF D	DEATH (Check of	only one)		
Sic	I HO	SPITAL: Impatiant 2 - ER/Outpatien		HER: Nursing Home 5 - R	esidence 8 🗆	Other (Specify)		
PH		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	284	d. DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation			M 1 TES 2	NO			
E	3 Sulcide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — A building, atc. (Specify)	t homa, farm, street	, tactory, office	281	L. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	20. CENTIFIED							
MP	(Check only							
8	2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	THE SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STATE OF SECOND STA	or investigation, in					
B	296 SIGNATURE AND TITLE OF CERTIFIER	on the nav		29c. LIC	ENSE NUMBER	2-2	29d. DATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED PAUSE OF DEATH	ITEM 271 (Type Print	147	4147	フュモ	1124	(7)
	Chros Incom	Handat	DKING	Hospital	1000	N. Wolf	7 Rg	Balta modizer
2	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E / C. N.3	1	400	Propre	COT. I	- TIU III DIW
4	AUG 4 - 1993	ulia Davidson-Ro	ndess					
1			Full card					DUMAN AS D AND

DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institu 96. CITY, TOWN OR LOCATION, OF DEA 20 DIRECTOR OWSON 10c. CITY, TOWN OR LOCATION OWSON permit. FUNERAL STREET AND NUMBER 10f. ZIP CODE 2120 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit. Heath and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC II yes, specify Cuban, Mexican, 1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Neyer Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Wido ved 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most 15. DECEDENT'S EDUCATION (Specify only highest grade complete ry (0-12) once. 17. FATHER'S NAME (First, Middle, Last W. BE notified MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and 2 9 METHOD OF DISPOSITION Burlal 2 D Cremation 20b. PLACE AND DATE OF DISPOSITION (Nat must 3 🗆 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE a that caused the death. Do not enter the mode of dying, such hock, or heart failure. List only IMMEDIATE CAUSE (FIRM disease or condition the Squamous cell carcinoma of the lun resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with COPD traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other i DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in P MEDICAL has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Che certificate ! EXAMINER? HOSPITAL: OTHER: nt 2 - ER/Outpetient 3 - DOA ne 5X Reside -27. MANNER OF DEATN 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this c marked, 1 Natural TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thin be filed within 72 hours after death w IMPORTANT: If Item 28 is marke BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, and due to 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the 1 29b. SIGN AND TITLE OF CERTI BE 2 30. NAME AND ADDRESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, B

32. REGISTRAR'S SIGNATUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1 -

93 22482

	REG. NO.		
DATE O	OF DEATH DAY	A YEAR	3, TIME OF DEATH
4/	1 29,1	793	M
(Month,	Dey, Year)	8. BIRTH	IPLACE (State or Foreign
E(	. 7, 1923	04	LENS, N.Y
	9c, C(	OUNTY OF D	EATN
		SALT	I make Co
			10d. INSIDE CITY
			LIMITS?
	100 0	ITIZEN OF V	1 YES 2 NO
		/ <	A
BIGIN?	(Specify Yea or No-	14. RACI	E — American Indian
	icen, atc.)	Bier	k, While, ete-
		Spec	HITE
16b.	KIND OF BUSINESS/	NDUSTRY	7777
First, Mi	iddle, Maiden Surname		
94	27 7	ERK	EELL
Numbe	or, City or Town, State,	Zip Code)	
HE	SOVE		
DATE	20c. LOCATION	— City or To	own, Stata
	COCKE	SYSVI	www mb
Y	1 06	211	mer
TE	2005	CHI	MES
<u></u>	ALCOLD)		/
	7-07-0		rowlum, mi
a cardi	ac or respiratory		Approximate interval Batween Onset and Daath
a cardi	ac or respiratory		Approximata interval Batween
	ac or respiratory		Approximata interval Batween
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	ac or respiratory		Approximata interval Batween Onset and Daath
	ac or respiratory		Approximata interval Batween Onset and Daath
	24a. WAS AN AUTOPS	arrest,	Approximata interval Batween Onset and Dawth  18 mos.
	24a. WAS AN AUTOPS PERFORMED?	arrest,	Approximate interval Batween Onset and Dasth  18 mos.
	24a. WAS AN AUTOPS	arrest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	24a. WAS AN AUTOPS PERFORMED?	arrest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
1.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	arrest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
t I.	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO	arrest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
t I.	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO	errest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
t I.	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO	errest,	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
t I	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO (Specify) RIBE HOW INJURY C	Y 24b	Approximata interval Batween Onset and Dasth  18 mos.  Were autopsy findings Amalable Prior to Completion of Cause of Death?  1 yes 2 No
t I Other Other I. DESC	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO	Y 24b	Approximata interval Batween Onset and Dasth  18 mos.  Were autopsy findings Amalable Prior to Completion of Cause of Death?  1 yes 2 No
t I	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO (Specify) RIBE HOW INJURY C	Y 24b	Approximata interval Batween Onset and Dasth  18 mos.  Were autopsy findings Amalable Prior to Completion of Cause of Death?  1 yes 2 No
t I.  Other  LOCA: City or	24a. WAS AN AUTOPS PERFORMED? 1 UPS 2 NO (Specify) RIBE HOW INJURY C	Y 24b	Approximata interval Batween Onset and Dasth  18 mos.  Were autopsy findings Amalable Prior to Completion of Cause of Death?  1 yes 2 No
Other  City of	24s. WAS AN AUTOPS PERFORMED?  1  YES 2 NO  (Specify)  TION (Street and Numi Town, State)	Y 24b  OCCURED  ber or Rural I	Approximata interval Batween Onset and Dasth  18 mos.  Were autopsy findings Amalable Prior to Completion of Cause of Death?  1 yes 2 No
t I.  Other City of	24s. WAS AN AUTOPS PERFORMED?  1 YES 22 NO  (Specify)  TION (Street and Numi * Town, State)  (e(s) and manner as a send place, and due to	Y 24b  OCCURED ber or Rural in the cause(s)	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Other  LOCA  City or	24s. WAS AN AUTOPS PERFORMED?  1 YES 22 NO  (Specify)  TION (Street and Numi * Town, State)  (e(s) and manner as a send place, and due to	Y 24b  OCCURED  ber or Rural I	Approximata interval Batween Onset and Daath  18 mos.  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

**DHMN-18 Rev 1/89** 



31. DATE FILED (Month, Day.

1993

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

11:35 AM.

FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF HEALTH	AND MENTA	HYGIENE REG. NO.	93 2248
1. DECEDENT'S NAME (First, Middle, Leet)	High			2. DATE MONTH	OF DEATH	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/2/0972 O.	5. SEX 6. AGE (In yrs. la.	st birthday) IF U	NDER 1 YEAR IF UNDER		OF BIRTH 1, Day, Year) 17/22/09	8. BIRTHPLACE (State or Forei Country)  MREYLAN
9a. FACILITY NAME (If not institution, give s GOOD SAMAR RESIDENCE OF DECEDENT	NTAN HOSPITH	PL 90.	BALTING	ON OF DEATH		LTINORE CIT
MARYLAND 106. COUNTY	Y	10c. CITY, TON	WN OR LOCATION ALTIMO	ORE O	2174	10d. INSIDE CITY LIMITS? 1 VES 2 N
2908 AILS	1100		101. ZIP CODE	214	4	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 III IF YES, GIVE WAR OR DATES		13. WAS DECENDENT O	n, Mexican, Puerto I	7 (Specify Yes or No— Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: WHI TE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed) (G	ECEDENT'S USUA Give kind of work of DO NOT use retin ACHIA	ione during most of working	9 16b.	RIND OF BUSINESS/IND	- DECKER
17. FATHER'S NAME (First, Middle, Last)	+1GH		18. MOTH	HER'S NAME (FIRST, A	Alddle, Maiden Sumeme)	EWS
190. INFORMANT'S NAME (Type/Print)	PECURDS "	SAM	RESS (Street and Number	or Rural Route Numb	per, City or Town, State, Zip	Code)
20a. METHOD OF DISPOSITION  1 Description   1 Description   2 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3 Description   3	oval from State	AND DATE OF DIS	POSITION (Name of	S-	4 PARKVI	City or Town, State  (LLE, m)
21. SIGNATURE OF FUNERAL SERVICE LIC	J. Jan mo	0677	22. NAME AND ADDRES	SHOP	PRO PU	MEMORIE
23. PART L. Enter the diseases, or canock, or heard failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused the de List only one cause on each line a			4	ilac or raspiretory sm	est, Approximate interval Bette Onset and E
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. OUE TO (OR AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION O	ric C	ol blee	d .		
PART II. Other significant condition  Rewal form  CHF  Disbetes A	11.	resulting in the	e undarlying cause g	liven in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3		28. PLACE OF O	EATH (Check only on		1
27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DES	CRIBE HOW INJURY OCC	URED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, office	28f. LOC	ATION (Street and Number or Town, State)	or Rural Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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29e. CERTIFIER (Check only one)

296. SIGNATURE AND THE OF CERTIFIER

31. DATE AUG 100 4 10 1993

2 MEDICAL EXAMINER: On the basis

BALTIMORE, MARYLAND 21215-0020

BE COMPLETED BY FUNERAL DIRECTOR

ဥ



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) guler Devilen Mandale

1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(a) end manner ea stated.

of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end manner es stated.

29c. LICENSE NUMBER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 about be detached for use as the funeration, or remove.  IMPORTANT: If the 28 is marked on tam 23 shows any injury or other trainmails exempted marked on tam 23 shows any injury or other trainmails exempted.
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEI		
- 8	1. DECEDENT'S NAME (First, Middle, Last)	2323			2. DATE OF DEATH	NAV V	3. TIME OF DEATH
13	FRANCIS HIL	L JR.			JÜLY 28,	1993 "	1:30 P.M. M
	217-14-9735	Xwan, Age	VRS. IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN,	7. DATE OF BIRTH (Month, Day, Mar)	13	BIRTHIPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s			TOWN OR LOCATION OF D	DEATH .	9c. COUNTY	
DIRECTOR	THE JOHNS HOPKINS	3 HOSPITAL	BALT	IMORE CITY		BALTI	MORE
E	RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	Y	16pr CPTY, TOWN OF	LOCATION	NII		10d. INSIDE CITY
	MD		DAH	more C	177		MITS?
FUNERAL	10% STREET AND NUMBER	- Al poll	20	101. ZIP CODE	. 1	10g. CITIZEN	OF WHAT COUNTRY?
NE	11. MARTITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	27	2/20	2	Vic	D.H.
	1 Never Married 3 Married	FORCES? 1 YES 2 I	NO If	AS DECENDENT OF HISPA yes, specify Suben, Mexic YES 2 NO Speci	an, Puerto Ricen, etc.)	e or No— 14.	RACE — American Indian, Black, White, stc.
BY BY	3  Widowed 4 Divorced	NA		YES 2 NO Speci	ny:		BACK
TED	15. DECEDENT'S EDU (Specify only highest grade	completed) (G	ECEDENT'S USUAL OCC live kind of work done du L Do NOT use retired.)	SUPATION ring most of working	166. KIND OF BO	SINESS/INDUST	TRY
COMPLET	Elementary Sepandary (0-12)	College (15 or 5+)	t and many deals received.)		1441	NAFE	P
NO.	17 EMTHER'S NAME (FIRST, MARIN, LAST)	11.11 1		18. MOTHER'S N	AME (First, MyAN) Maide	(Birmaria)	11
BE (	FRANCE Dro	WN Hill DK	M	EMM	4 Dept	RICE	Crowd y
2	154. INFORMANT'S NAME (NOWPING	0 11:11 "	b. MAILING ADDRESS	Strake and Number or Hural	Payer Himber, Chylar To	err. Study Zieg	" 1/ M/200
	25 ARETHOD OF DISPOSITION	1. 71/11 a	AND DATE OF DISPOSIT	COYOTH	DOUTTINE	PY D4	16.1102120
	1 Burial 2 Cremetion 3 Rem	oval from State corporate or	myray of attendances	in	8-2 29c. L	OCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. No	AME AND ADDRESS OF F	KOLITY // /	7	1/1/
	Tu (M	ulle	17	12 West	Noth Ha	2016	116.21217
	23. PART I. Enter the diseases, or abook or beet fellows	complications that caused the de List only one cause on each line	esth. Do not anter t	na moda of dyling, suc	ch as cardiac or rase	olratory arrest	
	IMMEDIATE CAUSE (Final						Intervel Between Onset and Death
	disease or condition resulting in death)	OUE TO (OR AS A CONSE	a laspi	iration)			week
-		-					h A
은	Sequentially list conditions, if any, leading to immediate	b. B parieto	OUENCE OF):	(			1 news
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):				
8		d					
18	PART II. Other algolficant condition	s contributing to death but not r	resulting in the und	erlying cause given in	Part I. 24a, WAS AI PERFO	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?
Σ			-		—		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C)	neck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 inpatient 2 □ ER/Outpatient 3	OTHER:	g Home 5 - Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 ☑, Natural 5 ☐ Pending	28e. DATE OF INJURY (Month, Day, Year)	INJURY	Bc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO
BY	2 Accident Investigation	28e. PLACE OF INJURY — At ho	M M	1 YES 2 NO	201 LOCATION CO.	and Montage of	No. 1 Barrier March
	4 Homicide 8 Could not be	building, etc. (Specify)	me, min, energy ractor	y, office	281. LOCATION (Street City or Yown, Stets		tural Houte Number,
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSI	CIAN: To the best of my knowledge, de	esth occurred at the tim	e, date end place, end due	to the causalat and ma	nner ee stated	
OMI		R: On the basis of examination and/or i					ouse(e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B	Songe No	anoff MD		Reside	M (JHH)	17/3	28 93.
-	30. NAME AND AODRESS OF PERSON WH						
_	Songe Do	CINOFF  / 32. ABBOISTRAN'S SIGNATURE	TH H.		<u>.</u>		
3	AUG 0 4 1993	Tropic Newsdown Hondall	L				

The same

MD.

DIRECTOR

Aques

4. SOCIAL SECURITY NUMBER

216-05-6246

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

Harbor Hospital Center

5. SEX

1 M 2 F

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

10hnson

6. AGE (In yrs. last birthday)

84

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be.	TO BE	10e. STREET AND NUMBER				10	101. ZIP CODE					
nsit		7636 Spencer Road 21060										
Cian I-tra		11. MARITAL STATUS	12. WAS DECEDENT EVE	FR IN II S AI	PMED	12 980 00	SENDENT OF HIGH	NIC ORIONA				
D 21215-0020 optiol among physical for an E by the		TO THE DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY						ECENDENT OF HISPANIC ORIGIN? (Specify Ye specify Cuban, Mexican, Puerto Rican, etc.)				
		3 Widowed 4 □ Divorced		ES 2 NO Specify:								
		15. DECEDENT'S EDU (Specify only highest grade		18a. Di	ECEDENT'S US	SUAL OCCUPATION	TION 16b. KIND		IND OF BU			
		Elementary/Secondary (0-12)					most of working ed Sub		- 4			
			etire	Subs								
AND the hospit detached		17. FATHER'S NAME (First, Middle, Last)										
3 8 4				18. MOTHER'S NAME (First, Middle, Maider								
		Saunders		Unknown								
A die die		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stree						t and Number or Rural Route Number, City or Tow North Avenue Bal				
5 5 E		Wayne Davis			2533	W. N	orth Av	renue	Bal			
Page		20a. METHOD OF DISPOSITION										
		1 Burial 2 Cremation 3 Rem	ioval from State	cemetery, cri	ematory or othe	DISPOSITION (N.	100	DATE	20c. LC			
		Donation 8 □ Other (Specify)		Arbu	tus M	lem. P	ark 8,	19/93	Ar			
- 2 - E		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRESS OF FA	ACILITY	170			
ALTIN death. Pag tuneral di		1 X Vanto Z	both Cr	50	#281	T T	Phillip	s F/	u1/2			
AA L 2 N		C (Class)	acro Cp	37	1/201	E.L.	LIITTTTĒ	JS F/	"Bal			
d in by the		23. PART i. Enter the diseases, or	complications that cau	sed the de	eath. Do not	enter the mo	de of dving, au	ch as cerdie	c or reap			
P & E		snock, or neert failure.	Liet only one cause o	n each line	Ð.							
		IMMEDIATE CAUSE (Finel		1	· P		/ .	L	1			
hin hin	CATION	disease or condition resulting in death)	. Comas	stru	e re	enu	a tru	70	ul			
68760, secuted within 2 and completely fille build, cremation, affic event, the			DUE TO (OR A	S A CONSE	OUENCE OF):			-				
87 urted con con rial,		_	Skli	CLANI	, C.		0					
and and matic		Sequentially list conditions,	b. PUE TO CO A O A CONTRACTION OF									
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	AN: MEDICAL CE	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
0 - 5 - 5		resulting in deeth) LAST Cerebro vocalar Promitors										
DS, P ne death the atten Mental H												
H = [- E		PART II. Other algnificent condition	s contributing to deat	h but not	resulting in	the underlyin	g ceuse given in	Part I. 2				
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> 0			U	U								
9		25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C)	neck only one)				
	SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:			THER:			1  YES 2			
OF VIT. PHYSICIAN: The this certificate with the State when the Material or item	HX	27. MANNER OF DEATH						T				
O PHYS this with	효		28a. DATE OF INJUI (Month, Day, Yes	HY hr)	28b. TIME C		URY AT RK?	28d. DESCE	HOW I			
NG PHYS ther this cath with marked	B	1, Natural 5 Pending 2 Accident Investigation		-		Martin	/ES 2 NO	1	/4			
VISION ATTENDING ECTOR: After s after death 28 is man	9	3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At ho	me, ferm, stre	et, factory, offic	,	281, LOCATI	Other (Specify)  8d. DESCRIBE HOW I  81. LOCATION (Street City or Town, State)			
ISI TTEN TOR: after	ш	4 Homicide determined	building, atc. (S	Specify)	All	4						
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	W.	20 05777112		-	10/	64			1			
TO THE HOSPITAL OF TO THE FUNERAL DII be filed within 72 hou IMPORTANT: If ite	집	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kr	nowledge, de	ath occurred a	t the time, date	and place, and due	to the cause	(a) and mai			
	COM											
FUN WITH	ŏ		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, an									
물 물 물 등	TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	29c. LICENSE NUMBER AS 2441614-18									
2 2 3 W		19 run										
	F	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
. /		ROLANDO G. 11 HOVAFILES IR 11-10										
_ 4	ь	31. DATE FILED (Month, Dgy, Year)  32. REGISTRAR'S SIGNATURE										
T		/	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	IGNATURE								
400		AUG * 1993	June ver	rdrun 0	Bonda 00							

2. DATE OF DEATH 3. TIME OF DEATH 08 1:40 7. DATE OF BIRTH (Month, Day, Year) D4-05-09 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City 10c. CITY, TOWN OR LOCATION
Baltimore City 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S. 14. RACE — American Indian, Black, White, etc. Specify: Black ISINESS/INDUSTRY titute Teacher Sumame) to., MD. 21216 CATION — City or Town, State butus, MD. 1-27 N.Monroe St to.,MD. 21217 iratory arreat, Approximate interval Between Onset and Death une 07-12 -08-3-93 ulusi 2 AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE NO OF DEATH? 1 TYES 2 NO NJURY OCCURED and Number or Rural Route Number, 14 nner as stated. nd due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

▶08-03-42

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	SINIE OF MA	CERTIF	ICATE OF	DEATH	MENIAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  ANDRE	ANDRE L. JONES				2. DATE O	OF DEATH	93	3. TIME OF DEATH  2.20 P M
	4. SOCIAL SECURITY NUMBER 213-70-1220	5. SEX 6. XX M 2 □ F	AGE (In yrs. lest birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month, 06-	Deg. Voor) 30-58	Count	HPLACE (State or Foreign my) YLAND
OR		Sec. COUNTY OF DEATH  KEY MEDICAL CENTER BALTIMORE CITY NONE							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND	NONE			BALTI	MORE	CITY		LIMITS?
FUNERA	100. STREET AND NUMBER  1610 BRUCE CO	OURT		10f. ZIP CODE 21217					STATES
	11. MARITAL STATUS  4 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, sp	ecify Cuban, Mexic 2 NO Spec	an, Puarto Ri	ican, etc.)	Spec	E — American Indian, k, Whita, atc. illy: N AMERICAN
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)			ON st of working	16b.	KIND OF BUSINES		VAMERICAN
MP	6th grade	none	ROOM S	ERVICE	ATTEND	ANT	MARRI	OTT HO	OTEL
Ö I	17. FATHER'S NAME (First, Middle, Last)  LOUIS L. JON]	n C			and the same		liddle, Maiden Surn	ame)	
BE	19a. INFORMANT'S NAME (Type/Print)	55	19h MAII ING	ADDRESS /Street	JUA		PEAYS	Tip Codel	
2	JUANITA BUIE				OOD B				
	20a. METHOD OF DISPOSITION XX Burlai 2 Cremation 3 Ram		20b. PLACE AND DATE	OF DISPOSITION (M	me of		20c. LOCATI		own, Stata
	4 Donation 5 Other (Specify)	oval from State	MT. ZIOI	N CEMET	ERY 8	/3/93	BAL'	TIMORE	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSER  CALVIN B. SCRUGGS FUNERAL  1412 E. PRESTON ST. BALTO.							HOME	
See See See See See See See See See See	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CONSEQUENCE OF:  SEPTICEMIA  ONSET (SEPTICEMIA)  OUE TO (OR AS A CONSEQUENCE OF):  (AIDS)  ONSET (SEPTICEMIA)  OUE TO (OR AS A CONSEQUENCE OF):  C. AIDS  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algolificent condition	ns contributing to de	to deeth but not resulting in the underlying cause given in			n Part I.	24s. WAS AN AUT		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä,	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpetlent 3 🗆 DOA	OTHER:	e 5 🗆 Residence	6 C Other	(Specify)	3 11	
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY Year) 28b. TIM INJ	URY WO	URY AT PRICE 2 NO	28d. DE\$6	CRIBE HOW INJUI	OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF I building, etc	NJURY — At home, farm, a c. (Specify)	street, factory, offic		28f. LOCA City o	TION (Street and for Town, State)	lumber or Rural	Route Number,
COMPLETED	1		y knowledge, death occum mination and/or investigation						a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ANGELINO	MD		29c. LICENSE NU	JMBER	29	DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH								
	31. DATE FILED (Monty), Day, Year) AUG 1993	ELINO MD	FRANCT S SIGNATURE	S SCOT	r -KEY	MEDI	CAL CE	NTER	BALTO, MD.
	1000 1000	- Wall	mont-pandell						

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funith be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAR

		TE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH								
	Willis Keaton		0.7 2.2	1993 1819 M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF I	NOER I YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE(State or Foreign								
	219-10-1126 1 M 2× F 84 VRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) 4 = 7 - 09	Country) N. C.								
	9a. FACILITY NAME (If not institution, give street and number)  9b.	CITY, TOWN OR LOCATION OF DE	EATH 9	c. COUNTY OF DEATH								
DIRECTOR	2627 Violet Avenue	Baltimore										
EC		WN OR LOCATION		10d. INSIDE CITY								
DIR	Md Balt			LIMITS?								
A.	100. STREET AND NUMBER 2627 Violet Ave	10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	2627 Violet Ave	21215		U.S.A.								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		No. 14. RACE — American Indian,								
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 VES 2 NO Specifi		Specify: Black								
ETE	(Specify only highest grade completed) (Give kind of work of	lone during most of working	16b. KIND OF BUSINE	SS/INDUSTRY								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) ##e. Do NOT use reti											
OM	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	MEKFist, Middle, Maiden Surg	name) è								
BE C	17. FATHER'S NAME (First, Middle, Last) Granville Farris	5 IMa	-the	Parris								
0 8		NESS (Street and Number or Rural	Route Number, City or Town, St									
۴		Violet Ave	Baito, Mc	21215								
	20e. METHOD OF DISPOSITION 1/ Burlal 2 Cremation 3 Removal from State	POSITION (Name of	7/29/93 LOCATI	ON — City or Town, State . an sdowne. Md								
	4 Donatton 5 Other (Specify)			. ansuowne, nu								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	March F/H-West 4300 Wabash Ave											
	23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Fine)			Onset and Death								
	disease or condition											
	OUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury											
드	that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
ER	resulting in death) LAST											
LC	PART II. Other algnificent conditions contributing to deeth but not resulting in the	underlying couse given in	Part I. 24s. WAS AN AUT	OPSY 24b. WERE AUTOPSY FINDINGS								
2	_Ethanol Abuse		PERFORMED	COMMUNICATION OF CALLER								
밀			Limit	OF DEATH?								
=			LIMIT C	ed 1 TES 2 NO								
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	eck only one)									
PHYSICIAN:	HOSPITAL: OT	HER: Nursing Home 5X Residence	6 Other (Specify)									
됩	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 19. INJURY	28c. INJURY AT WORK?	284. OEŞCRIBE HOW INJUI	RY OCCURED								
BY	1 Netural 5 Pending (MURIR, Day, Year) INJURY 2 Accident Investigation	1 VES 2 NO										
	3 Suicide 6 Could not be determined determined	lactory, office	28f. LOCATION (Street and h City or Town, State)	Number or Rural Route Number,								
COMPLETED												
린	29a. CERTIFIER  (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at 1											
δ I	2 X MEDICAL EXAMINER: On the besis of examination end/or investigation, in	my opinion, death occured at the	time, data and place, and du	se to the cause(a) end manner as stated.								
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUN	IBER 294	d. DATE SIGNEO (Month, Day, Year)								
5	( headon M. King MD	0.0	ME	07 23 1993								
	38. NAME AND A OORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
, 1		Street, Ba	Ltimore, M	aryland 21201								
/ 1	31. DATE FILED (MONTH), Day, Year)  AUG 1993  32. REGISTRAR'S SIGNATURE  Fulla Davidson-Randage			- Company								
	I I I I I I I I I I I I I I I I I I I											

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

		perm
<b>BALTIMORE, MARYLAND 21215-0020</b>	equires that the death certificate be executed within	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
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MOF	29e 6 m	director,
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<b>IECORDS, P.O. BOX 68760</b> ,	rted )	and completel
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-	603	40

		1. DECEDENT'S NAME (First, Middle,		LLER				m	14	2. DATE	OF DEATH	AY 10	YEAR 93	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
		212-01- 0986	1 🗆 M 2 💢 🤾 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	00	Country;	
Should		9e. FACILITY NAME (If not institution,	give street and number)	1 86		9b. CITY, 1	TOWN (	OR LOCATION	ON OF DE		31-190		TY OF DE	yland ATH
-	DIRECTOR	4711 Mawani Rd.	т			В	alt	imor	e Co	unty		Bal	timo	re
(Aa)	H H	10e. STATE 10b. CC			10c. CI	TY, TOWN OR								10d. INSIDE CITY LIMITS?
1	₫	Maryland	Baltimore	5.375		R	ose	edale						1 YES 2 XXNO
bed.	¥	10e. STREET AND NUMBER				-	10	f. ZIP CODI				10g. CITIZ	EN OF WI	HAT COUNTRY?
an. ransit	FUNERAL	6509 Corkley Ro						TU.	212				USA	
5-0020 nding physician. ss the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced		NT EVER IN U.S 1 YES 2 X WAR OR DATES		13. W	AS DEC yee, ap	CENDENT Concepts & March	of HISPAN n, Mexica Specify	NIC ORIGIN in, Puerto R y:	? (Specify Yei lican, etc.)	or No	14. RACE Black, Specify	American Indian, White, etc.
r attending use as the	ETED	15. DECEDENT'S		16a.	DECEDENT'S	USUAL OCC	UPATIO	ON		16b.	KIND OF BU	SINESS/INDU	JSTRY	WHILE
	TO BE COMPLET	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5		Me. Do NOT u	- 1	iring mo	ost of workin	g					
8 E C		12th grade			House	wife		6.6		Homemaking				
the hos detach		17. FATHER'S NAME (First, Middle, Las	*		18. MOTHER'S NAME (First, Middle, Meiden Sumeme)									
# 2 E		George Spindler			Emma Herrmann									
retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)					(Street end Number or Rural Route Number, City or Town,							
		Mr. David A. Ke									21237			
6 may be ector, page		20a, METHOD OF DISPOSITION TO Burlet 2 Cremetion 3	METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION //Name of DATE 20c. LOCATION — City											
Page 6 ral directo		4 Denetion 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Zion Church Cemetery 8-3-93 Baltimore,								e, Ma	ryland	
BALLIMOR  Ber death. Page 6 m  the funeral director,  Nai.		Lassahn Funeral Home												
SAL I after death. by the funera moval. cal examil		Jassifu Justiel Rom E 7401 Belair Rd. Baltimore, Md. 21236											21236	
shy filled in thation, or red		ehock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ca	iuse on each li	ne.	m I								Approximete interval Between Onset and Daeth
ficate be execuply physician and ne prior to bur her traumatic	CERTIFICATION	Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
eath certif attending rtal Hygier Y. or oth	器	resulting in death) LAST												
		PART II. Other algorificant cond	litions contributing to	o death but no	not resulting in the underlying cause given in Part					Part I. 24s. WAS AN AUTOPSY 24		24h 3	WERE AUTOPSY FINDINGS	
requires that requires that een signed b of Health ar	I: MEDICAL										PERFOR	RMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
he law has be e Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC					26. PI	LACE OF D	EATH (Ch	eck only one	0)			
SICIAN: The certificate h the State h	Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	па Ноп	ne 5 El Re	sidence	8 D Other	(Specify)			
SICIA certific th the	¥	27. MANNER OF DEATH	28e. DATE O		28b. Til		ec. IN	JURY AT			CRIBE HOW I	NJURY OCC	URED	
NG PHYS fler this ceath with	BY P	1 Natural 8 Pending 2 Accident Investiga		Day, Year)		M		YES 2	NO					
TTENDI TOR: A after d	8	3 Suicide 8 Could no 4 Homicide datermin	28e. PLACE o	OF INJURY — At y, atc. (Specify)	home, ferm,	street, factor	ry, offic	•	Ų.		ATION (Street or Town, State)		or Aural Ro	oute Number,
TAL DIR TAL DIR TZ hour	COMPLET		PHYSICIAN: To the best of											end manner as stated.
THE HOSPI THE FUNEF filed within PORTANT:	BE C	396. SIGNATURE AND TITLE OF CER	TIFIER	1	/	DV		29c. LICE	INSE MUN	MBER		29d. DATE	SIONED (	Month, Day, Year)
E E E E	TO B			02		3.60		D-1	42	21	TELE!	1 8	1.2	-13
	F	30. NAME AND ADDRESS OF PERSO										204.0	100	
10		Dr. Tarique A.				Lvd. E	al1	timor	e, N	Maryl	and 2	284-2	400	
	17	31. DATE FILED (Month, Day, Year) AU (2 () 4 199		IAR'S SIGNATURE	-date							1		

how the second second second second

,	1		STATE REGISTRA
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a			

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			CERTIF	IONIE	DEATH.	REG.	.10.				
	1. DECEDENT'S NAME (First, Middle, Last)	0.	レ			2. DATE OF DEAT		3. TIME OF DEA			
	1 ricH2115	Denis		धटः			199:				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DA		7. DATE OF BIRTTI (Month, Day, Ye.	ar) 8	BIRTHPLACE (State or F Country)			
2	917 16 5518	1 - M 2 / F 3	3 YRS.			IAPR'L2		MARYLAND			
	B = 00111=	-	40	96. CITY, TO	WH OR LOCATION OF E	DEATH	111 255	Y OF DEATH			
? L	PESIDENCE OF DECEDENT	a Lourt		120	HiR		HAK	(FORD			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI1	TY, TOWN OR LO	OCATION			10d. INSIDE CIT LIMITS?			
. 12		FORD		RITH	iR			1   YES 2.			
1	10e. STREET AND NUMBER	- 1 -			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	909 BRIGHTI	12. WAS DECEDENT EVER	IN II S ADMED	12 MMC	DECENDENT OF HISPA		U.	S.H.			
- 15	1 ★ Never Married 2   Married	FORCES? 1 YES	2 NO	If yes	s, specify Cuban, Maxic	an, Puerto Rican, ato	-)	I. RACE — American Ind Black, White, etc. Specify:			
" H	3 Widowed 4 Divorced			'-	TES DE NO SPEC	ny.		ITIHW			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working  life. Do NOT use retired.)										
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)  12 YR.  College (1-4 or 5+)  SSC REJAR; AL										
COMPL	17. FATHER'S NAME (First Middle Leat)		1726.15	UAR.	A L	AME /Einst Middle M	siden Cumama)				
Ŭ U	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)  10. S2PH C. KREJE:  ROSS AND INCOCIA										
0	19a. INFORMANT'S NAME (Type(Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	FAMILY RECORDS  196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Yown, State, Zip Code)  SAME AS ABOVE										
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION		DATE 20	c. LOCATION — CH	y or Town, Stats			
1	4 Donation 5 Other (Specify)	1	metary, cramatory or the	MIMO	RIAL GARDE	3-28	BURIR.	MARYLAN			
21. SIGNATURE OF FUNERAL MUNICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. SIGNATURE OF FUNERAL MUNICE LICENSEE											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reappraisable parts.											
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST										
E				J. j.							
ERTIFI	thet initiated events resulting in death) LAST	l		J. j.			21				
		contributing to death	but not resulting		fylng ceuse given in		S AN AUTOPSY	24b. WERE AUTOPSY I			
	reaulting in death) LAST	s contributing to death	but not resulting		tying ceuse given in	PE	RFORMED?	AVAILABLE PRIOF COMPLETION OF			
DICAL	reaulting in death) LAST	contributing to death	but not resulting		fying ceuse given in	PE		AWAILABLE PRIOF			
MEDICAL	reaulting in death) LAST	s contributing to death	but not resulting		tying ceuse given in	PE	RFORMED?	AMAILABLE PRIOF COMPLETION OF OF DEATH?			
MEDICAL	reaulting in death) LAST		but not resulting	) in the under	fying ceuse given in	1  Y	RFORMED?	AMAILABLE PRIOF COMPLETION OF OF DEATH?			
MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 25  NO	HOSPITAL:	tpetient 3 DOA	or or or or or or or or or or or or or o	6. PLACE OF DEATH (C	PE 1 YI	RFORMED? ES 25⊈ NO	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2			
Physician: Medical	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ripetient 3 DOA	OTHER: 4   Nursing	6. PLACE OF DEATH (C Home \$351 Residence INJURY AT WORK?	PE 1 YI	RFORMED? ES 25⊈ NO	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2			
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES ON NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tipetient 3 DOA  28b. Til	OTHER: 4   Nursing M   1	6. PLACE OF DEATH (C Home \$5% Residence INJURY AT WORK?	PE 1 YI heck only one)  8 Other (Specify 28d. DESCRIBE H	RFORMED? ES 255 NO  OW INJURY OCCU	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2			
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY	tipetient 3 DOA  28b. Til	OTHER: 4   Nursing M   1	6. PLACE OF DEATH (C Home \$5% Residence INJURY AT WORK?	PE 1 YI heck only one)  8 Other (Specify 28d. DESCRIBE H	RFORMED?  ES 255 NO  OW INJURY OCCU	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2			
ELED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER	HOSPITAL: 1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp.	ripetient 3 DOA  28b. Til IN  3Y — At home, farm,	OTHER:  4 Nursing ME OF JURY M 1, street, factory,	6. PLACE OF DEATH (C Home 5,% Residence: INJURY AT WORK? YES 2 NO	theck only one)  8 Other (Specify  284. DESCRIBE H  281. LOCATION (S City or Town,	RFORMED?  ES 254 NO  OW INJURY OCCU	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2   RED  Rural Route Number,			
ELED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES ON  27. MANNER OF DEATH  1 Netural 2 Accident Investigation 3 Suicide 8 Could not be detarmined  28e. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	HOSPITAL:    Impatient 2   ER/Out   28e. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJUR building, etc. (Spi	tripetient 3 DOA  28b. Till IN  TY — At home, farm, wiedge, death occur	OTHER:  4 Nursing ME OF 1JURY M 1, street, factory,	6. PLACE OF DEATH (C) Home 5/50 Residence INJURY AT WORK? YES 2 NO office	heck only one)  8 Other (Specify)  28d. DESCRIBE H  28t. LOCATION (S City or Town,	RFORMED? ES 255 NO  OW INJURY OCCU  treet and Number or State)  If manner are stated	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  RED  Red  Red  Rural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES ON  27. MANNER OF DEATH  1 Netural 2 Accident Investigation 3 Suicide 8 Could not be detarmined  28e. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	HOSPITAL:  1 Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Spi	tripetient 3 DOA  28b. Till IN  TY — At home, farm, wiedge, death occur	OTHER:  4 Nursing ME OF 1JURY M 1, street, factory,	6. PLACE OF DEATH (C Home 5% Residence LINJURY AT WORK? YES 2 NO office  dete and place, end du on, death occured at th	PE 1 Yi  Neck only one)  8 Other (Specify  28d. DESCRIBE M  28t. LOCATION (S City or Town,  se to the cause(a) and e time, data and place	PRORMED?  ES 254 NO  OW INJURY OCCU  treet and Number or State)  If manner as stated  te, and due to the	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  RED  Rural Route Number,			
be completed by this ideal, medical	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO  27. MANNER OF DEATH  1   Netural   5   Pending Investigation  2   Accident   8   Could not be detarmined  20a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER	HOSPITAL:  1 Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Spi	tripetient 3 DOA  28b. Till IN  TY — At home, farm, wiedge, death occur	OTHER:  4 Nursing ME OF 1JURY M 1, street, factory,	6. PLACE OF DEATH (C) Home 5/50 Residence INJURY AT WORK? YES 2 NO office  dete and place, end du on, death occured at th	theck only one)  3 Other (Specify)  28d. DESCRIBE M  28t. LOCATION (S City or Town,  we to the cause(a) and we time, data and place	PRORMED?  ES 254 NO  OW INJURY OCCU  treet and Number or State)  If manner as stated  te, and due to the	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  RED  Red  Red  Rural Route Number,			
O BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO  27. MANNER OF DEATH  1   Netural   5   Pending Investigation  2   Accident   8   Could not be detarmined  20   Accident   1   CERTIFYING PHYSIC One)  2   MEDICAL EXAMINER	HOSPITAL:  1 Inpetient 2 ER/Out  28. DATE OF INJURY (Month, Day, Year)  28. PLACE OF INJUR building, etc. (Sp.  CIAN: To the best of my known.	ripetient 3 DOA  29b. TH IN  RY — At home, farm, ecity)  weldge, deeth occur ion and/or investigeti	OTHER: 4 Nursing ME OF 13JURY M 1 1, street, factory, rred at the time, don, in my opinion	6. PLACE OF DEATH (C) Home 5/50 Residence INJURY AT WORK? YES 2 NO office  dete and place, end du on, death occured at th	PE 1 Yi  Neck only one)  8 Other (Specify  28d. DESCRIBE M  28t. LOCATION (S City or Town,  se to the cause(a) and e time, data and place	PRORMED?  ES 254 NO  OW INJURY OCCU  treet and Number or State)  If manner as stated  te, and due to the	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  RED  Rural Route Number,			
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIF	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 8 Could not be detarmined  20. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:    Impatient 2	ripetient 3 DOA  29b. TH IN  RY — At home, farm, ecity)  weldge, deeth occur ion and/or investigeti	OTHER: 4 Nursing ME OF 13JURY M 1 1, street, factory, rred at the time, don, in my opinion	6. PLACE OF DEATH (C) Home \$350 Residence INJURY AT WORK? YES 2 NO office  dete and place, end du on, death occured at th	theck only one)  8 Other (Specify)  28d. DESCRIBE H  28t. LOCATION (S City or Town,  we to the cause(a) and e time, data and place	OW INJURY OCCU  treet and Number or State)  d manner as stated is, and due to the	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2  RED  Rural Route Number,			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending projection.	rs after death. Page 6 may be retained by the hospital or attending provided
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humal transport of the state begr. of Health and Mental Hyglene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the funial-transformation (2, 3 should removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA		DEPAI ERTIF						IYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last	1					<u> </u>		2. DATE OF	DEATH			TIME OF DEATH	
		Marie	C. L:	INDLE	Y_				8 MONTH	3	9	3	0745	м
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. la.		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH8_	17-10	BIRTHPL Country)	ACE (State or Foreign	n
	215-10-8626	1 🗆 M 2 🐼 🗗	82	YRS.					08	7 1	1-	Mary	land	
œ	9a. FACILITY NAME (If not institution, give	,			9b. CIT			ON OF DEA			9c. COUNT	Y OF DEA	ГН	
DIRECTOR	St. Agnes Ho	spital		Baltimore City										
EC	10a. STATE 10b. COUN	TY		10c. CI1	Y, TOWN	WN OR LOCATION						10	id. INSIDE CITY	_
	Maryland B	altimore		Baltimore									LIMITS?	
AL	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WH				_	
FUNERAL	6110B Edmondso	n Avenue,	Apt 3	pt 3 21228					υ.:				S.A.	
5	11. MARITAL STATUS		DENT EVER IN U.S. ARMED 13. WAS DEC				ECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-					14. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	OR DATES	NO				n, maxican, Specify:	n, Puerto Rican, etc.) Black,						
	15. DECEDENT'S ED	15. DECEDENT'S EDUCATION 16a							Transition.				White	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	(Giv. College (1-4 or 5+)			ECEDENT'S USUAL OCCUPATION  live kind of work done during most of working  b. Do NOT use retired.)				16b. KJA	ID OF BUS	INESS/INDUS	STRY		
PL	12th	Sec	Secretary/Treasurer						H.R.	Nicho	1son	.Co.		
ON	17. FATHER'S NAME (First, Middle, Last)			- , , ,				E (First, Middl	-		10011	,001		
BE C	Frank A. COOK					Ma	rie	JACOI	- Rose	Jacob				
TO B	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRES	S (Street ar	nd Number	or Rural Ro	oute Number, (	City or Town	ose Jacob  r Town, State, Zip Code)			_	
F	Katryna Lee Powe		135	11 P	arad	ise	Chur	ch Rd,	Hagerstown, MD 2174			MD 21742		
	20a. METHOD OF DISPOSITION  1XXBurial 2 □ Cremation 3 □ Res	moval from Stata	20b. PLACE	emetory or o	ther place!				OATE	1.53	ATION - CI			
	4 Donation 5 Other (Specify)		Druid	Ride	e Ce	mete			8/06	Pik	esvil	le,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.													
	Ranad the Hors 4107 Wilkens Ave, Baltimore, MD 21229													
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Fine)												Onset and De	
	disease or condition resulting in death)	. META	ATZ+	TIC		B	56	72A	C	مهر	ER			
		OUE 10 (OI	H AS A CONSE	OUENCE O	F):									
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	L ARR	HYY'	THO	145								
TA.	if any, leading to immediate cause. Enter UNDERLYING													
F	CAUSE (Disease or injury that initiated events	C HYPER												
ERI	resulting in death) LAST	o. URWA	RY "	TRA!	c 7	1	NFI	E C 7	100					
0	PART II. Other significent condition													
ICAL				Courting	in the di	derlying	cause §	jiveti ili r	art 1. 240	PERFORI		AV	FRE AUTOPSY FINOIN AILABLE PRIOR TO EMPLETION OF CAUS	
MED									-   10	YES 2	NO	OF	DEATH?	-
Σ.									-			11	TYES 2 THO	
AM	25. WAS CASE REFERRED TO MEDICAL			_		26, PL/	ACE OF D	EATH (Chec	ak only one)					-
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3	DOA	OTHER 4 Nur	R:			☐ Other (Sp	eniful.				$\exists$
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN.	JURY	28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCRIE		JURY OCCU	RED		$\dashv$
BY F	2 Accident S Pending Investigation	(Month, Day, 8/3	173		URY	1 U Y	ES 2	No						-
	3 Suicide 6 Could not be	28a. PLACE OF III building, atc	NJURY — At ho	me, ferm, i	street, fact	lory, office		- 1	281. LOCATIO	N (Street ar	nd Number or	Rural Rout	Number,	
COMPLETED	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or 10	wn, otate)				
<u>-</u>	29a. CERTIFIER Check only	SICIAN: To the best of my	knowledge, de	ath occurre	ed at the t	ime, data i	and place,	and due to	the cause(s	and manr	ner en stated.			
Ö		ER: On the basis of axem											d manner as stated	ı.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					T	29c. LICE	NSE NUMB	ER		29d. DATE S	IGNED (M	onth, Day, Year)	$\dashv$
010	30. NAME AND ADDRESS OF PERSON W	TH. D.	STA	462	15	مرد ص					D 8	13/	73.	
	_													
0	CRIK STANCE			72	AGN	53	140	17.						
(CX	31. DATE FILED (Month, Day, Mar)	12. REGISTRAR'S	SIGNATURE											

	FOR
1	STATE
•	REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 22491

	REGISTHAR		CERTIF	ICAL	: OF	DEATE	-1	REG	. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		MMER					AUGUST	DAY	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthday)	_ IF UNDER	1 YEAR	IF UNDER 24	HRS.	, DATE OF BIRT	н		LACE (State or Foreign	
	213-05-5575	1 XXXM 2 □ F	78 YRS.	MONTHS	DAYS		MIN.	(Month, Day, Ye 8-14-	L914	Mar Mar	yland	
8	9a. FACILITY NAME (If not institution, give 7928/33rd St.	street and number)		96. CITY, TOWN OR LOCATION OF DEATH ROSedale				TH		TY OF DE		
DIRECTOR	RESIDENCE OF DECEDENT									16		
R	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN C	R LOCAT	ION		A			10d. INSIDE CITY LIMITS?	
		Baltimore			Rose	dale		40- 0777774 05			YES 2 XXNO	
FUNERAL	100. STREET AND NUMBER			10f, ZIP CODE				10g. CITIZEN OF			IAT COUNTRY?	
9	7928 /33rd St.					212		ORIGIN? (Specify Yes or No				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 THO		f yes, spi	city Cuban,	HISPANIC Maxican, Specify:	ORIGIN? (Spec Puerto Rican, et	ty Yes or No— c.)	14. RACE - Black, Specify		
	15, DECEDENT'S EDI		16a. DECEDENT'S	S USUAL OCCUPATION work done during most of working			_	16b. KIND OF BUSINESS/INDUSTRY			White	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	f work done during most of working								
4	8th grade		Sale	lesman Milk Company								
Ď	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE	August C. Limme	er		Elizabeth Barnickle								
2	19a. INFORMANT'S NAME (Type/Print)						er or Rural Route Number, City or Town, State, Zip Code)					
	Dorothy S Limo	7928	7928 E. 33rd St. Baltimore, Maryland 21237						237			
	20s. METHOD OF DISPOSITION 1 Disposition 3 Ref	movel from State	20b. PLACE AND DATE cemetery, crematory or o	OF DISPOSITION (Name of DATE					DATE 28c. LOCATION — City or Town, State			
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE C		1 22	22. NAME AND ADDRESS OF FACILITY							
	. // , ~	Lassahn Funeral Home										
	Jasseln Lieneral Nome 7401 Belair Rd. Baltimore, Md.									d. 2	21236	
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac of ahook, or haart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition								respiratory arri	eat,	Approximate Interval Betw Onest and D	
	resulting in death)	ease or condition						O.S.				
		DUE TO (OI	OF):							//		
O	Sequentially list conditions,	b. DUE TO (OR AS A CONSEQUENCE OF):								-	V	
4	if any, leading to immediata cause. Enter UNDERLYING											
트	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST	itiated events										
. 1	PART II. Other significant condition	d.  der significant conditions contributing to death but not resulting					on in the		TAL WAS AN AUTOPSY 24b. WER		THE STREET STREET	
EDICAL	PACE III STORE BIGINICANE SOLUTION	to de	ain out not resulting	in the un	denying	cause grv	ren in Pi		PER ORMED?	1	NERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU	
								- 10 V	ES 2 740		OF DEATHY	
Σ								- 1		1	ARB S WO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-	26. Pt.	ACE OF DEA	DH /Dhec/	Land Your		_		
SIC	1 YES 2 NO	HOSPITAL:	R/Outpetlent 3 C DOA	OTHER	it.	V	c-usmus	Other (Specif	4			
1	27. MANNEN OF DEATH	36s, DATE OF IN. (Month, Day)	JUNY 255, TIN	_	25c. 0U	URD AT			HOW INJURY OCC	URED		
2	1 Natural 5 Pending 2 Accident Investigation	(mores, sage		M		RIC? FES 2   F	NO					
	3 Suicide 6 Could not be	28s. PLACE OF 8 building, etc	NJURY — At home, farm,	street, feet	ory, affici		1	28f. LOCATION (Street and Number or Flurel Route Humber, City or Town, State)			ute Mumber,	
M	4   Homicide determined		/	1				any or some				
MPLEI	250. CERTIFIER   CERTIFYING PHYS	SICIAN: To the best of my	knowledge, deety occur	ed at the ti	ime, date	and place, ar	nd due to	the cause(s) an	d manner as state	ed.		
5	cond .		nington and/oy/nvestigation								and manner as state	
Č	296. SIGNATURE AND THE OF PENTIFE	en //	-	_		Z9c. LICENS	SE NUMB	ER J T	29d. DATE	SIGNED (	Mghtty-Day, Wars	
ן מ	Melen 14	en po	4			1083	35	5/	1 1	131	193	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)					1	1		
	Michael Auerbach				9100	Fran	klir	Sa. D	r. 2123	7 (68	32-7147)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	JULI	5200	1 1 411		. 54. 0	_ , LICO	. , , 00	- ( - 1/)	
5	AUG 0 4 1993	Julia Davidson	Mandelle									

DHMH-16 Rev 1/89

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)	0.	1 am	hert	2. DATE	OF OEATH DAY	YEAR 3	3. TIME OF DEATI
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7 DATE	OF BIRTH	X DIPTIVO	LACE (State or For
	210-14-91001	1 - M 2 -	7/ YRS.	MONTHS DAYS HOURS MIN.		th, Day, Year)	Country)	LACE (State or For
	9e. FACILITY NAME (If not institution, give		10	9b. CITY, TOWN OR LOCATION OF I	/U/	16/19/6	INTY OF DEA	14/19m
Œ	5007 to une	-dala A	10	Raltinana	NIT	\$6.000	NIT OF DEA	SIN.
2	RESIDENCE OF DECEDENT	Unie At	701	BAITINGE	1114			
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCATION			1	IOd. INSIDE CITY
	maryland		101	Allimore			1	TES 2 [
\$	100. STREET AND NUMBER	111	1	10f. ZIP CODE	,	10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	2007 1RUES	aple H	ve.	1206	>		1,5,	11
3	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1	ES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic	an, Puerlo		14. RACE - Black, 1	<ul> <li>American Indie</li> <li>White, etc.</li> </ul>
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 WES 2 WO Spec	elfy:	490.00	Specify:	box
ED	15. DECEDENT'S EDI		18e. DECEDENT'S	USUAL OCCUPATION	168	. KINO OF BUSINESS/INI	DUSTRY	1100
ΞĮ.	(Specify only highest grad	College (1-4 or 5 +)	ille. Do:NOT us	vork done during most of working se retired.)				
MP			Hom	emakel				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	, 111 /		18. MOTHER'S N	AME (First;	Middle, Meiden Sugname)	+1	
BE	JEQUAND N	ved Hug	1115	DAI	che	, F/C/	her	
2	194 INFORMANT'S NAME (Type/Print)	1/2 +	19b. MAILING	ADDRESS (Street end Number or Rura	Route Num	ber, City or Town, State, Zij	(Code)	11.0
	20a. METHOD OF DISPOSITION	errell	13007	IRUESdALO 1	tve,	DAIIO,	nct.	4120
	1 Suriel 2 Cremation 3 Ren	moval from State	certifiery, crematory or ot	of DISPOSITION (Name of finer plage)	82	Z 20c LOCATION -	Sity or Town	Gar
	4 Donation 5 Other (Specify)  21. SHIPM URE OF FUNERAL SERVICE L	LICENSES	CEURIN	22, NAME AND ADDRESS OF	ACILITY .	- Will	7	1110
	1	Pinn		bseph Like	05/	- UNEIGH	110	une
	23. PART I. Enter the diseases, or	Luce		2222 NINO	2/11	que. DAII	ma	(212,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	с	AS A CONSEQUENCE OF		<u></u>	ings		
<u> </u>	CAUSE (Disease or Injury that initiated events	DUE TO (OR .	AS A CONSEQUENCE OF	,				
ERTIF		DUE TO (OR .	AS A CONSEQUENCE OF					
	thet initiated events resulting in death) LAST	d			Part I	24a MAS AN AUTORON	245. 4	WEDE ALIVADOV ST
	thet initiated events	d			n Part I.	24a. WAS AN AUTOPSY PERFORMED?	A	WAILABLE PRIOR
EDICAL	thet initiated events resulting in death) LAST	d			Part I.		C	WAILABLE PRIOR COMPLETION OF CO
MEDICAL	thet initiated events resulting in death) LAST	d			n Part I.	PERFORMED?	C	WAILABLE PRIOR TO COMPLETION OF CO OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation investigation determined  29 CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  1 Check only 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inpstent 2 ER/  28e. DATE OF INJU (Month, Day, Ve  28e. PLACE OF INJU building, etc. (  SICIAN: To the best of my ke NER: On the besie of examin	Outpetient 3 DOA  Outpetient 3 DOA  IRY 28b. TIME INJ.  IURY — At home, farm, a  (specify) thomas the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of th	26. PLACE OF DEATH (COTHER:  1 Nursing Home 5 Reeldence E OF URY M 1 YES 2 NO  street, factory, office  29c. LICENSE Nt.	8 Other 28d. OE: 28f. LOC City is to the care time, date	PERFORMED?  1 VES 2 NO  or (Specify)  SCRIBE HOW INJURY OC  ATION (Street and Number or Town, State)  use(a) and place, and due to the	CCURED  or or Rural Rounted.  the couse(e) e	WAILABLE PRIOR COMPLETION OF C F DEATH? YES 2 N  We Number,
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1	1. DECEDENT'S NAME (First, Middle, Last,	Wil	liAm	m	ills		2. DATE OF DEATH	20	9.3	10:00 A	
	4. SOCIAL SECURITY NUMBER  212-56-4665  9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs.	YRS.	F UNDER 1 YEAR MONTHS DAY		(Morth, Day, Year) 6-25-4	8	Country)	LTO MD	
STOR	2201 LIBERTY	HEIGHTS	AVE.			TO,MD		S. SOSIII OI SEAII			
DIRECTOR	MARYLAND 106. COUN	TY			LTTMO					IOd. INSIDE CITY LIMITS?	
ERAL	2201 liberty	heights	ave			101. ZIP CODE 21217	7		EN OF WH	IAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 7 / /	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yes,	specify Cuban, Me	SPANIC ORIGIN? (Specify oxican, Puerto Rican, etc.) secily:	ORIGIN? (Specify Yes or No—Puerto Rican, etc.)  14. RACE — American India Black, White, etc.  Specify:  BLACE			
BE COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+	,	(Give kind of a life. Do NOT us		NTION most of working UND RAI		TELEMARKETING			
	17. FATHER'S NAME (First, Middle, Last) THOMAS C. MII	LS		18. MOTHER'S NAME (First, Middle, Maiden Surrame) HARRIET HARRIS							
5	19a. INFORMANT'S NAME (Type/Print)  EMMA GRIER  20a. METHOD OF DISPOSITION		20b. PLA	2201		GHTS AVE	P Number, City or Town, State, Zip Code)  TS AVE. BALTO, MD 2121  DATE 20c. LOCATION — City or Town, State				
0.000	1 D:Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	cemetery, WE		STAR 22. NAME	CEMETA	RY7/24/9	3 ba:	ltim	ore, MD	
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	se on each i	SEQUENCE OF	ede f	ig	e Dy C			Approximate Interval Bett Onset and E	
O	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CON	SECULIACE OF	r):			J	1	deuQ	
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition	d	deeth but no	ot resulting (	In the underly	ring causa given	in Part I. 24a. WAS PERF	AN AUTOPSY ORMED?	24b. W	VERE AUTOPSY FINDI MAILABLE PRIOR TO DOMPLETION OF CAUS OF DEATH?	
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DNMH-16 Rev 1/89

FOR STATE REGISTRAR

	4 DECEDENTIO MARKE (Co., ANGLE, 4				ONIL	OI DEATI		neg. No	·		
	1. DECEDENT'S NAME (First, Middle, Last							DATE OF DEATH D	AY	3. TIME OF DEATH	
	Georgia Vivia							7	31	93 6:15 4	
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	219-22-9565	1 M 2 F	65	YRS.		, noons		1-30-2	Ω	Baltimore	
	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATION	OF OEATH	1 30-2		TY OF DEATN	
OR	2000 O'Dell	Avenue		J-1	Bal	timore	Line				
2	RESIDENCE OF DECEDENT			-							
DIRECTO		17			TOWN OR					10d. INSIDE CITY LIMITS?	
	Maryland			Ba	alti	nore				1X YES 2 NO	
3AL	10e. STREET AND NUMBER		•			10f. ZIP CODE			T .	EN OF WHAT COUNTRY?	
ÿ	308 Wilbert	Ave.				212	12		J	J.S.	
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13. WA	DECENOENT OF N	NISPANIC C	RIGIN? (Specify Yes	or No-	4. RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO		erto Hican, etc.)		Specify: Black	
					1					Didek	
TED	15. OECEDENT'S ED (Specify only highest grad	UCATION de completed)	(0	ECEDENT'S U	ork done duri	IPATION ng most of working		16b, KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT use	retired.)						
₹	12th		Ass	semb1	Ly li	ne wor	ker	WESTI	<b>IGHOU</b>	SE	
8	17. FATHER'S NAME (First, Middle, Last)							First, Middle, Maiden			
BE (	James Ramey Vivian Saunders										
	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									Code)	
2	Stacey Harris/Serena Evans 1902 Burnwood Rd., Baltimore, MD										
	20s. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF	FDISPOSITIO	N (Name of		OATE 200 LO		, MD 2123	
	XXBurial 2 Cremation 3 Re-	moval from State	cemetery, cre	metory or other	er plecel	Cemet	r37	Co			
		JCENSEE		CCLII					LUIISV	TITE, MD	
×	XXeurisi 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF STATE LICENSEE  Western Star Cemetry Catonsville, MD  22. NAME AND ADDRESS OF FACILITY  Unity Funeral Home										
	1 108 W. North Ave., Baltimore (1)										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street,  Approximately an approximately approximately and approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately appro										
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	resulting in death)	OUE TO	(OR AS A CONSE	OUENCE OF	:					much	
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):	10	Lege !	CVIC	- Co		well	
8	cause. Enter UNDERLYING	151	hini	(	(01	100000	111.	are Ha	1)	10000	
프	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF):		uno/	M	gui	1	11/010	
F	resulting in death) LAST	4							0		
빙		0.									
7	PART ii. Other significant condition	ons contributing to	deeth but not i	resulting in	the unde	rlying ceuse give	en in Part	i. 24a. WAS AN		24b. WERE AUTOPSY FINDIN	
EDICAL								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUS	
	*							1 1 123 2	□ NO	OF DEATH?	
2										1   YES 2   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					0 DI 105 OF 0517					
	EXAMINER?	HOSPITAL:		T	OTHER:	8. PLACE OF OEAT	N (Check o	nly one)			
≥ I	1 YES 2 NO	1 inpatient 2				Noma 5 - Reside					
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, Di		28b. TIME INJUI		:. INJURY AT WORK?	26d	. DESCRIBE NOW I	NJURY OCCU	RED	
B	2 Accident Investigation					YES 2 N	Ю				
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, str	reet, factory,	office	281.	LOCATION (Street &	and Number or	Rural Route Number,	
2	4 Homicide determined							.,			
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of	my knowledge, de	ath occurred	at the time	data and place, an	of due to th	o cause(a) and mad			
Ž										cause(s) and manner as state	
8					, are tray copinion	cri, destil decarda i	we trie time,	data and praca, an	d due to tria	cause(a) and manner as state	
B	29b. SIGNATURE AND TITLE OF CERTIFIE	PP	1.	/		29c. LICENS	E NUMBER	42.0	29d. DATE S	SIGNEO (Month, Day, Year)	
2	Jours	136	mi	mo	nas	1032	23	57	1	514123	
-	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, P	Print)						
	20hn5 /	lesot or	S Her	SU.V.	12/						
11	31 DATE ALED (Month, Day, Mac)	32 MEGISTRA	R'S WATURE	3	V						
11	AUG V4 1993	HILD DRINGSON	- Virialis								
	AUG V4 1993	TIME STRUCKEN	- Nicelean								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			IENTAL HYGIEN		22430
1. DECEDENT'S NAME (First, Middle, Last)	Catherine J	. Meinecke	e	0	2. DATE OF DEATH		3. TIME OF DEATN
Couth	erene	Meir	100	ke	July 29,	"1993 ^{YEA}	9:00 p. m
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	B. BI	IRTNPLACE (State or Foreign
216-16-9083	1 □ M 2 🔀 F 93	YRS.	MINS DAYS	HOURS MIN.	April 2,		Maryland
9e. FACILITY NAME (If not institution, give s				R LOCATION OF DEA	тн	9c. COUNTY O	OF DEATH
Johns Hopkins Hos	spital Geriat	rics	Baltin	ore			
10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
Maryland		Balt	timore				LIMITS?
10a. STREET AND NUMBER				ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?
415 S. Clinton St	reet		2	1224		U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes		IACE — American Indian, Black, White, etc.
1 Never Married 2 Merried  3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	cify Cuben, Mexican, 2 NO Specify:	Puerto Ficani, etc.)	S	White
15. DECEDENT'S EDU	ICATION	16. DECEDENT'S HE	UAL COCUPATIO				
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during mos	in st of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
37 /3	College (1-4 or 5+) N/A	Homemaker	^		Own Ho	vmo	
17. FATHER'S NAME (First, Middle, Last)				1e. MOTNER'S NAM	E (First, Middle, Maiden		
Theodore Goeller				Mary Bu		ournaine)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		ute Number, City or Town	n, State, Zip Code;	)
Carl F. Meinecke,	Jr. (Son)						y, Md. 21842
20e. METHOD OF DISPOSITION  EXBuriel 2 Cremetion 3 Rem	oval from State 20b	PLACE AND DATE OF D	ISBOSITION /MT	foot - L Co	DATE 200 10	CATION MOITAG	Total Ave
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE_LIC	Un:	ited Evano	elical	Church C	lem 8/2 B	altimor	ce, Maryland
017	J of A	1	Schir	o address of Facility  nunek Fun	uny eral Home	s Inc.	
Robert N	Journ /		3331	Brehms L	ane Balti	more MD	. 21213
23. PART I. Enter the diseases, or a shock, or heart feiture.	complications that caused List only one cause on ea	the death. Do not	enter the mod	de of dying, auch	aa cerdiac or reepi	ratory arrest.	Approximete
						,	1-1 1 2 2
IMMEDIATE CAUSE (Final disease or condition resulting in desth)		tion 1	neu		ia	,	Interval Batween Onset and Daeth
IMMEDIATE CAUSE (Final disease or condition		1. /	Phen		ia		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASPIVO DUETTO (OR AS A	tion (	neu 2		ia		
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FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PART II. Other algnificant conditions contributing to deeth but not reculting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 No Asturat  28a. DATE OF INJURY  28b. TIME OF  1 NURY  28b. TIME OF  28c. NURY AT  WORK?  1 YES 2 NO  28c. NURY AT  WORK?  1 YES 2 NO  28c. DESCRIBE HOW INJURY OCCURED  28c. PLACE OF INJURY  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, or Town, State)  29a. CERTIFIER  (Check only one)  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, or Town, State)  29a. CERTIFIER  (Check only one)  29a. CERTIFIER  (Check only one)  29a. CERTIFIER  (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, View)	ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	on Care	eneng			/ year
Accident   2   Accident   3   Suicide   4   Homicide   28a. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	RTIFIC	CAUSE (Disease or injury that initieted events	C DUE TO (OR AS	A CONSEQUENCE OF	F):				
Accident   2   Accident   3   Suicide   4   Homicide   28a. PLACE OF INJURY — At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d,			cause given in	P	ERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
3 Sulcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29e. STONATURE AND TITLE OF CERTIFIER  29e. STONATURE AND TITLE OF CERTIFIER  29e. STONATURE AND TITLE OF CERTIFIER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER	MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	dditions contributing to deeth	but not resulting	in the underlying  26. PL/	ACE OF DEATH (Ch	1 []	YES 2 NO	24b. WERE AUTOPSY FINI ANAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO
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296. SIGNATURE AND TITLE OF CERTIFIER / 296. DATE SIGNED (Month, Day, Year)	ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	d	but not reculting	26. PLI OTHER: 4   Nursing Home IS OF 28c. INJU	ACE OF DEATH (Cha	p lock only one) 6 Other (Special DesCRIBE) 284. LOCATION	PY STREET and Number or	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condit	AL HOSPITAL:  1   Inpettent 2   PER/Out  1   Inpettent 2   PER/Out  1   Inpettent 2   PER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Spe	tpatient 3 DOA 28b. TIM INJ	26. PL/ OTHER: 4   Nursing Home BE OF 28c. INJURY M 1   Yill effect, fectory, office	ACE OF DEATH (Cha	sck only one)  6 Other (Spec. 28d. DESCRIBE  291. LOCATION City or fown to the cause(a) a	YES 2 NO  NO  Street and Number or State)	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
	COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1	d	tpetient 3 DOA 28b. TIM INJ	26. PL/ OTHER: 4   Nursing Home BE OF 28c. INJU WOF 1   YI street, factory, office and at the time, data a	ACE OF DEATH (Che 5 Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Reside	sck only one)  6 Other (Spec. 28d. DESCRIBE  26t. LOCATION City or Town to the cause(a) a time, data and pi	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  cause(s) and menner as star



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First,	( Atalatia ( a.a.a)											
	PRATT	MIDDIE, LIIST)	WARD	N	1					TE OF DEATH	93	YEAR 3	O 200 A
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. Is	nst birthday)	IF UNDER	1 YEAR	IF UNDER 24 H		E OF BIRTH		PIOTUDI	ACE (State or Foreign
	212 20	7403	1 [X/M 2 [] F	67	YRS.	MONTHS	DAYS	HOURS M	IN. (Mc	onth, Day, Year)		Country)	ACE (State or Poreign
1	9e. FACILITY NAME (If not in	1		0 1		ah CITY	TOWAL C	20100171011		2/18/	25		1-11)
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	RESIDENCE OF DEC					Baltimore							
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	10e. STREET AND NUMBER							ZIP CODE			T 40 - OITITE		YES 2 NO
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로	1 Never Married 2	Merried	FORCES? 1	YES 2	NO	1 1	f yes, sp	ecify Cuben, M		GIN? (Specify Ye to Rican, etc.)	e or No 1	Black, V	- American Indian, Vhite, etc.
E A	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES		1	YES	2 NO S	pecify:			Specify:	Black
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O ME	9 FATUEDIS NAME (51-4 41	that after the sale					V C L						
	17. FATHER'S NAME (First, M		(					18. MOTHER		t, Middle, Maider	Surneme)	_	
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2	19e. INFORMANT'S NAME (7)			19	96. MAILING	ADDRESS	(Street e	nd Number or R	lural Route Nu	imber, City or Tox	vn, State, Zip C	(eboo	
	Marcia Br				814	Car	col	1 St	Ball	0 Mc	211	230	
	t Buriel 2 Crematio	ION on 3 □ Remo	oval from State	20b. PLACE cemetery, cri	AND DATE	OF DISPOSI	TION /Na	me of	0	ATE 20c. LO	CATION - CI	ty or Town	, State
	4 Donation 5 Other	(Specify)		Garr	ison	Fol	ces	t VA	8-1	5 Ra	1to.	Md.	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSIEE			22.1	NAME AN	D ADDRESS O				1,111	
	> C 0	1.	a Ila		/	Do	oug:	lass	Funer	al Se	rvice	5	
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	23. PART I. Enter the di shock, or he	eart failure.	List only one cau	se on each lin-	eath. Do r e.	not antar	tha mo	da of dying,	such aa c	ordiac or reap	iratory arres	st,	Approximata interval Bety
	IMMEDIATE CAUSE (Fin	ıni	- 50										Onset and D
	disease or condition	<b>→</b>	. SEPS	(									
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	if any, leading to immed	diate	DUE TO	OR AS A CONSE	OUENCE O	F):							
3	CAUSE (Disease or inju		c/~1000										
	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSE	OUENCE OF	F):							
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0	PART II. Other significe	nt condition	a contributing to	death but not	resulting i	in the un	derlying	o course object	in Dort i	T			
EDICAL				GOULT DUT THOU	resulting	in the Oir	ueriying	cause give	ın Pert I.	24a. WAS AN		AN	ERE AUTOPSY FINDI MILABLE PRIOR TO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

22498 93

		FOR
1	•	REGISTRAR

## STATE OF MARYLAND / DEDARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OINIE OF III	CE		ICATE				MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			-					2. DATE	OF DEATH	DAY	VEAR	3. TIME OF DEATH
	JESSIE	LE	E		PREW	1			2. DATE MONT	" 1 '	1	993	11:09 P M
- 4	4. SOCIAL SECURITY NUMBER	5. SEX	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont)	of BIRTH h, Day, Year) 2 -19	9-48	Countr	PLACE (State or Foreign  ))  . C .
OR	96. FACILITY NAME (If not institution, give PRINCE GEOR		TAL	96. CITY, TOWN OR LOCATION OF DE CHEVERLY					EATH			INCE	E GEORGE
DIRECTOR	100. STATE 10b. COUNT D. C.	Υ			y, town o								10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 401 Livingsir				101	. ZIP COD	E			10g. CIT		1  YES 2 NO  PHAT COUNTRY?  SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 ZW	MED	1	If yes, sp		in, Mexica	n, Puerto	Y? (Specify Yo Rican, etc.)	is or No—		- American Indian, r, White, etc. O-American
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Gh	ve kind of Do NOT u	work done of se retired.)	during ma	st of workli			. KIND OF BI	USINESS/IN	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)  Ben Prew		J be.	T / T/		cac	18. MOT		ME (First, i	Middle, Maide Dors			
BE	19e. INFORMANT'S NAME (Type/Print)		106	MAILING	Anness	2 /Street a				ber, City or To	-4	n Code)	
2	Nita Pre	ew			ute		Nes	smìt	ch,	s.c.			
	20a, METHOD OF DISPOSITION  1 1 Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	20b. PLACE A cemetery, crer Mt						8/		ocation —		
	21. SIGNATURE OF FUNERAL SERVICE L	. 11	ton		J	ame		. Mo	orto	n & S		. м	d.21217
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OUE TO (C	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSEC	OUENCE O	IF):	LIE	3						Onset and Deeth
	PART II. Other algnificant condition	na contributing to d	eath but not re	eauiting	in the un	nderiyin	g cause	given in	Part i.	24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										1 🖸 YES			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF C	DEATH (Ch	eck only or	ne)			
SAHC	1XXES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 (X)  28a. DATE OF II (Month, Day	NJURY	28b. TIN	4 🗆 Nun	sing Hor 28c. INJ		esidence		F (Specify)	INJURY OC	CUREO	
BY	1 Netural 5 Pending 2 Accident Investigation 5 Suicide 6 Could not be	8 1 28e. PLACE OF	1993 INJURY – At hor	10	:15	1 🗆	YES 2 [	<b>₹</b> NO	28f. LOC	ESTR	end Numbe	r or Rural F	South Number TINITE
ETE!	4 Homicide determined		N HEAD		GHWA				OX	CON H	ILL,	MAF	KALANRULI
COMPLETED	(Check only	ER: On the best of m											) end menner as stated.
TO BE	79b. SIGNATURE AND TITLE OF CERTIFI	PULLY	N					OCM			29d. DAT	TE SIGNED	(Month, Day, Year) 2 1993
-	MARIO F GOL	TOP MY				ree	et,	Bal	timo	re,	Mary	land	21201
5	31. DATE FILED (Modifin, Day, 1681) AUG 1993	32. REGISTRAR	'S SIGNATURE	we									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the filled within 72 hours after death with the State Dent of Health and Mental Hamilian note to having remaining or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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BROWNE

1993

4 AUG

31. DATE FILED (Month, Day, Year)

Univ. Md.

Juna Davidson

32. REGISTRAR'S SIGNATURE

93 22499 FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DATE MONTH 3. TIME OF DEATH YEAR Pinkney MichAel 0852 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Mgoth, Day, Year) 2 - / - 69 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 220-86-3492 1X M 2 F 24 DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number)
University Hospital 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Balto 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 310 S. Catherine Street 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Riack, White, etc. 1XXNever Married 2 Married IF YES, GIVE WAR OR DATES BY specif Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) Duce. 17. FATHER'S NAME (First, Middle, Last)
Vernon Garrisonn 18. MOTHER'S NAME (First, Middle, Malden Surname) Marie Pinkney BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lavern Ross 310 S. Catherine St. Balto, Md. 21223 20a. METHOD OF DISPOSITION
1 🔀 Burlai 2 🗀 Cremation 3 🗀 Ramovat from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 7/24/ DATE cemetery, dematory or other place n 93 Lansdowne, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H 4300 Wabash 23. PART ). Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximata shock, or haart failure. List only one cause on sech line. Interval Batwee Onset and Death disesse or condition resulting in desth) DUE TO (DR AS A CONSEQUENCE OF): has 12 lus Pneu monea CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HW lors CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Sickle Celi 1 - YES 2 - NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED JO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL: HOSPITAL:
1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER

(Chack only

1 CERTIFYING PHYStCIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 32514 Physicon 20 Jul 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT.	AL HYGIENE
CERTIFICATE OF DEATH	DEC NO

	1. DECEDENT'S NAME (First, Middle, Las	11)		CERTIF					REG. NO		VF.1-	3. TIME OF DEATH	1
	MILTON			PARKE	R			AUGI	ΰSΤ 2,°	1993	PASY	9:45P	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	lest birthday)	IF UNDER 1 YE		UNGER 24 HRS.	7. DATE (Mon	E OF BIRTH oth, Day, Year)		8. BIRTH Count	HPLACE (State or Fore	ign
	215 74 4781 9a. FACILITY NAME (If not institution, give		33	Tho.	9h CITY TO	OWAY OR L	OCATION OF D		II. 3, 19		MAT NTY OF C	RYLAND	
OR	THE JOHNS HO		TAL				ORE CIT					ORE CITY	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  16d. IN									10d. INSIDE CITY				
	MARYLAND			1,15	BAL	TIMO	RE					LIMITS?	ю
FUNERAL	10e. STREET AND NUMBER					10f, ZIP						WHAT COUNTRY?	
SNE	2015 E. MONUME	12. WAS DECEDENT EX	VER IN U.S.	ARMEO	13 WAS		205	MIC OBIG	IN? (Specify Yes			F A.	
BY FI	1 Never Married 2 Married	FORCES? 1   IF YES, GIVE WAR	YES 2	NO	If ye		Cuban, Mexica	en, Puerto		or No-	Blaci Spec	E — American Indian k, White, etc. llv:	i,
ED B	3 Wildowed 4 Divorced	NICATION										BLACK	
ETE	(Specify only highest gra			DECEOENT'S (Give kind of w life. Do NOT us	rork done durir		working	16	b. KIND OF BU	SINESS/IND	DUSTRY		
COMPLET	N/A	College (I-4 Of 5+)		CASH	IER			P.	ARKING	GARA	GES		
CO	17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden				Τ
BE	JAMES ESSIE PA	ARKER		40b Man INC	4000F00 (O				GRAHAI				_
2	MRS. DEBORAH PA	ARKER					NT STR		nber, City or Tow BALT			RYLAND 21	20
	20e METHOD OF DISPOSITION  1) Buriel 2 Cremation 3 Re			EANDDATEC	F DISPOSITIO	-		OA					
À	KING MEMORIAL PARK 8/7/93 RANDALLSTOWN, MD. CO.												
	21. SEGNATURE OF FUNCEAL SERVICE LICENSEE LEWIS T. GWYNN  22. NAME AND ADDRESS OF FACILITY  LEWIS T. GWYNN FUNERAL HOME 21215-6393												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
	22 DADT I Estentho discours o	- Zwyn	w		451	7 PA	RK HET	GHTS	AVE.	BALTI	MORE	E, MARYLAN	D
	SHOCK, OF ITSELL TRIBUTE	r complications that ca a. List only one cause	on sech il	desth. Do n	451	7 PA	RK HET	GHTS	AVE.	BALTI	MORE	Approximat interval Bet	e We
	iMMEDIATE CAUSE (Finel disease or condition	r complications that ca b. List only one cause — P	oused this on sech ill	desth. Do n	451	7 PA	RK HET	GHTS	AVE.	BALTI	MORE	Approximat interval Bet Onset and I	e Wee
	iMMEDIATE CAUSE (Finel	a Prei	on sech III	desth. Do none.	451 of enter the	7 PA	RK HET	GHTS th as cer	AVE .	BALTI Iratory arr	MORE	Approximat interval Bet	e wee
NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a Prei	on sech III	πe. VA	451 of enter the	7 PA	RK HET	GHTS th as cer	AVE.	BALTI Iratory arr	MORE	Approximatinterval Bet Onset and I	e We Dea
CATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a Prei	on sech III	SEQUENCE OF	Barrie	7 PAI s mods o	RK HEI	GHTS th as con	AVE .	BALTI Iratory arr	MORE	Approximatinterval Bet Onset and I	e We Des Cl
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